

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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JANUARY, 1928

No. 1

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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Address all correspondence care State Board of Health, Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****TYPHOID**

Under the Seymour plan typhoid is the disease to be emphasized in January and February by conducting immunization campaigns all over the North American continent during this the low period in its incidence for the greater part of the territory.

However in this state the first four months of the year are the months that see our number of cases at their peak and the reason is, first, our population is greater than at any other period, second, people are coming here from every state and province and a small percent develop the disease so soon after their arrival that it proves that they contracted the infection elsewhere, and third, among the great number of arrivals there is bound to be a small percentage of typhoid carriers who act as sources of infection to others. As all but a few of the municipal water supplies are derived from underground sources at a depth of from 100 to 1000 feet, most of these being in excess of 500 feet below the surface, it can readily be seen that these supplies are thoroughly protected, hence, municipal water supplies in the state of Florida are not sources of typhoid infection.

For the past several years the Bureau of Communicable Diseases has carried on immunization programs against typhoid all through the year and we now have, of our permanent population, a large percentage of those protected against this disease but the work will be stressed until our citizens realize that they will not have outbreaks of typhoid if they have done their part for the protection of the public.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****CONSISTENCE**

A widowed mother had just seen one of her seven children through a critical attack of diphtheria. The others had been isolated, cultured, Schicked and immunized. When the Health Officer suggested smallpox vaccination and typhoid inoculation as a means of avoiding more trouble in future, she said, "No, I rather they wasn't vaccinated. We don't never have none of them catchin' diseases that goes 'round."

TYPHOID

Up to very recent years the person who reached the age of fifty without having typhoid was quite the exception, and families from which a loved one had been taken were in the majority. Just within the last few years typhoid inoculation was offered the general public. Its value had first been thoroughly demonstrated in the army; and now it is quite the vogue for people to go to the family doctor for the protective treatment. The time seems not far distant when civilian, like military doctors, will lack for experience in the treatment of typhoid fever.

Sanitation is a tremendous factor in controlling this infection and it is as much the duty of the physician attending a patient to insist

BUREAU OF COMMUNICABLE DISEASES—Continued)

on proper disposal of excreta and thus protect others as to treat the patient himself.

Have you had your inoculation within three years? It is low priced insurance.

THE LEAGUE OF MUNICIPALITIES

For the purpose of discussing ways and means to promote the best interests of Florida and its citizens, The League of Municipalities, met at Winter Park, December 15th and 16th. Already marked benefits have come to cities and towns represented at the meetings of the league since its organization in 1922. Representatives of the State Board of Health who attend the meetings find opportunity to discuss municipal health problems with those who are interested and to learn of the health problems in various sections of the state.

It is interesting to note the steadily growing interest of the league in problems relating to public health. There is a feeling that the maintenance of high health standards will, more than any other single factor, hasten the development of the state and benefit the citizens of Florida and the thousands who come every year to spend the winter.

It is hoped that the league will soon make a rather comprehensive study of municipal health practices so that cities and towns may develop their health programs systematically and each according to its own peculiar needs.

TULAREMIA AND BRILLS DISEASE

Two infectious diseases occurring rather infrequently in this country are tularemia and Brills disease. The latter is now generally recognized as a mild sporadic form of typhus.

Because of their rare occurrence and the fact that both present clinical manifestations similar to though not identical with those of typhoid, there is at times difficulty in making the diagnosis. If the presence of either is suspected, a blood examination will often dispel all doubt. The blood of tularemia patients will usually agglutinate *B. tularensis* and that of persons with Brills disease agglutinates *B. proteus* X-19 (Weil-Felix reaction).

Though in many states the reporting of tularemia is not required, there were reported in this country in the year ending June 30th, 1927, 173 cases, one of which is known to have occurred in this state. The infection is acquired by dressing infected wild rabbits or, less often, by the bite of ticks that have fed on infected rabbits. There is need for careful study and reporting in order that the distribution of the infection may be ascertained.

While old world typhus transmitted by lice spreads rapidly, is known as a "disease of poverty and filth", and is prone to attack doctors and nurses who attend the sick, lice do not seem to figure in the transmission of Brills disease which often attacks the well-to-do on whom vermin are not found. The cases are for the most part isolated—sporadic and attendants do not acquire the infection.

There is a rather typical maculo-papular eruption, the observation of which will suggest a careful study and the blood test.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF NOVEMBER, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1709	916	27	186	51	2889
Diphtheria	2003	464	93	859	9	3428
Typhoid	341	100	20	11	31	503
Malaria	341	101	21	16	46	525
Rabies	16	5				21
Tuberculosis	147	61	6	34	2	250
Gonorrhoea	282	182	12	127	18	621
Syphilis	2907	831				3738
Water: Bacterial Ex.....				97	2	99
Water: Chemical Ex.....		36		97	2	135
Milk: Bacterial Ex.....	71	153	1	297	6	528
Milk: Chemical Ex.....	79	125	1	561	6	772
Miscellaneous	94	17	6	31	5	153
	7990	2991	187	2316	178	13662

Specimen Containers Distributed 10172

BIOLOGICAL PRODUCTS DISTRIBUTED

DURING NOVEMBER, 1927

Diphtheria Antitoxin.....	10,000 units	286 Packages
	5,000 units	79 Packages
Toxin Antitoxin.....		12,406 C. C.
Schicks.....		7,150 Tests
Typhoid Vaccine.....	Plain	3 Treatments
	Triple	1,746 Treatments
Vaccine Virus.....		1,950 Capillaries
Carbon Tetrachloride.....		2,110 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

HEALTH FOR GIRLS

In our present day plans for community public health work, most stress has been placed on the care of the infant, preschool, and the children in the lower grades in the schools. While much criticism of the adolescent girl has been voiced, not so much has been done by way of constructive work to off-set the idleness and habits of life with which girls are credited.

The writer is an optimistic person who sees much more good than bad in this world, and who has a firm belief in the innate goodness of the human race in general, and the young girl in particular. As is often quoted, "We can not put more water in a full pitcher," and if a program of constructive health work, which should include exercise and recreation with a general knowledge of all other contacts that go to make up life, is made sufficiently attractive, the majority will not only fall in line but will be eager for the plan. This would leave no room for idle hands or vacant minds to be diverted into wrong channels of thought and action.

Such a piece of health work is Scouting for Girls, which is most comprehensive in its scope, taking in along with education for health so much that makes for a building of character which will tend to make living more zestful and increase the girl's knowledge to the point where she would be a valued citizen in any community. Above all things, Scouting for Girls advocates right thinking, and this, as we all know, serves as a balance wheel for everything else. Few people really think. If more people took time to think, there would be less that is wrong and much more that is right in this world of ours.

Since women have their own place along with their brothers and husbands and sons in bearing the burdens of the world, more particularly in our present day life that seems so hurried and full, we need accurate knowledge which should find us prepared to meet emergencies. Scouting for Girls teaches how a girl may be useful not only in the routine of family life but in emergencies. Should the cook forget to appear or an accident happen to some member of the family or guests come who must be met and entertained, the trained Girl Scout can very well fill the gap in each instance in a creditable manner. The value of outdoor life, which is so conducive to health and happiness, is also taught. A knowledge of and respect for the laws of our country, which would go into the making of every good American, is also part of the program.

Taken all in all, I know no better training for a girl than that given to Girl Scouts. They stand for the best there is in life, and contact with these clear-eyed, quiet-voiced, well poised, appropriately attired, happy girls has given the writer a vision of the home that these girls will be helping to make in a few years and of the asset each will be, wherever she may live and whatever she may make her vocation.

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)**A HAPPY AND HEALTHFUL NEW YEAR**

The old year has gone and all our difficulties and disappointments, as well as our successes and triumphs of 1927, are laid away; not forgotten, since each day's happenings should help us to a broader life and a more comprehensive knowledge of our jobs and the people about us.

There is no disgrace in making a mistake, because often we learn more from our mistakes than we learn from our successes. The only thing we must be very sure of is that we do not make the same mistake twice.

We are thankful and happy for the friends we have made, the cooperation and assistance we have been given in our work by all of our co-workers in the State Board of Health, and by physicians, nurses, and lay people in all the communities to which our work has taken us. While we have done our best, we are not satisfied with our accomplishments and want this New Year to show a better piece of work with fewer mistakes and a greater number of people helped to a more healthful life through our efforts.

So we wish a Happy, Healthful New Year to everyone! and we are glad that the page has been turned and we have a clean sheet with which to start the New Year. With thanks and good wishes to all, let us work together so that Florida may be a safer, more attractive state in which to live because it is more healthful.

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

THE TOURIST SEASON—1928

Along in December, January and February of each year there is a migration to Florida from all parts of the country. Improved roads lead more and more people to journey southward in their cars. Many of these people desire to camp along the way and after reaching the Land of Sunshine desire to spend the winter out-of-doors. For these people Florida offers countless attractions. Our lakes are stocked with fish, our game is plentiful and the camp fire wiles away the evening hours.

For the motorist who desires to camp, Florida offers over 200 tourist camps. The State Board of Health through its Bureau of Engineering is charged by the State to help safeguard the health of the tourist by keeping close check on tourist camp sanitation. For the information of the auto camper, roadside camping is not permitted in Florida. We do not allow squatter camping at any likely spot because of the resultant nuisance when a group of cars gather in a spot without water supply and no toilet facilities. In Florida all tourist camps are regularly inspected and certified as being in good sanitary condition.

BUREAU OF ENGINEERING—(Continued)

To operate a camp, the proprietor must first have a suitable plot of ground. It must be well drained, shady, laid out into streets and lots, and be free from obnoxious surroundings such as mosquito breeding places, etc. The camp must have an approved water supply under pressure and piped to convenient places about the grounds. This water supply has been examined bacteriologically and, this coupled with the sanitary survey of the source, is indicative of a safe supply for drinking purposes. The camp must have shower baths. All wastes must be safely disposed of and toilets of the regular flush type must be provided in ample numbers, properly located and maintained. Garbage cans must be provided and trash collectors and burners used. The camp must have a registering place, an office where an attendant is present all the time. Campers must register at the camps. Many camps maintain attractive recreation centers, swimming pools, etc. One camp operates a graded school and another a gymnasium. Small stores are to be found at practically every camp and often small cottages can be rented very cheaply. These cottages are often furnished and have gas or electricity for cooking purposes.

Practically every camp is located within a city or adjacent there-to on the main traveled roads. There is not a city in Florida of any size that does not have near it a camp or two. Camp prices are usually very low ranging from 25 cents a day for camp space up to several dollars a day for a cottage. The days of the rough "shack" camps are about over and the tourist this year will find very attractive cottage camps with all conveniences very reasonably priced. At every camp and in every Chamber of Commerce, motor club, etc., you will find a list of certified camps so you can plan your stay ahead. The State Board of Health at Jacksonville will be glad to furnish lists of camps and to promptly investigate nuisances at camps if you report them. The following is a list of camps in or near the cities listed certified as of January first, 1928:

CERTIFIED TOURIST CAMPS

APOPKA—	BAYARD—
Mynatt's	Powell's
City	BELLEVIEW—
ARCADIA—	Outside Inn
Arcadia	BONITA SPRINGS—
ARCHER—	Tamiami Trail
Archer Free	BRADENTON—
AUBURNDALE—	Harris Cottage Park
Lake View	BRIGHTON—
AVON PARK—	Brighton Auto
Avon Park Cottage	BROOKSVILLE—
BARTOW—	Jacobs
Municipal	Shady Rest Camp
	Brooksville

BUREAU OF ENGINEERING—(Continued)

BUSHNELL—	FT. MEADE—
Byrd's	Ft. Meade
CALLAHAN—	Ft. Myers—
Gray Gables	Ft. Myers
CHARLOTTE HARBOR—	FT. PIERCE—
O'Haver's Tin Can	Dixie
Charlotte Harbor	Merchant's Assn. Auto
CLEARWATER—	FROSTPROOF—
Clearwater	Lake Side
Royal Palm	GAINESVILLE—
CRESCENT CITY—	Gainesville Heights
Stella	Gainesville Auto
DANIA—	North Gainesville
Bills All States	Pendel Tourist
DAYTONA BEACH—	GRANT—
Patterson's	The White
The White Way	HAINES CITY—
Yankee	Pauls Community
Daytona Auto	HIGH SPRINGS—
Ridgeway Auto	Columbia Springs
Cole's	HILLIARD—
Bells Auto	Crystal Springs
Gardner & Weber	HOLLYHILL—
Highlands	Camp Joy
Brown's	Camp Rest
DE FUNIAK SPRINGS—	INDIAN RIVER CITY—
Blanchard's	Rainbow Tourist
DELAND—	JACKSONVILLE—
Camp Orange	Pheonix Park
DeLand Auto	Florida
DELRAY—	Buckeye
Zeders	KELSEY CITY—
DINSMORE—	Kelsey City
Camp Phillips	KENDRICK—
DUNNELLON—	Rhodeland
Dunnellon	KISSIMMEE
EAU GALLIE—	Kissimmee
Rocky Water	LAKE ALFRED—
Halfway	Camp Monson
ENGLEWOOD—	LAKE CITY—
Deer Creek Park	Duval
Pinedale	Lake View Park Auto
ESPANOLA—	LAKE HELEN—
Live & Let Live	Lake Helen Auto
EUSTIS—	LAKELAND—
MacKay	Union
Eustis Motor	Sanitary
FLAGLER BEACH—	Hayes Villa
Shady Nook	Little City
	Flint

BUREAU OF ENGINEERING—(Continued)

LANTANA— Lantana	NEW SMYRNA— Redland Grove
LARGO— Largo City Sanitary	Pool's Bass
LAKE WALES— Yoders	OAKLAND— Oakland
LAKE WORTH— Buffalo Lodge	OCALA— Ohio Apples Ocala
LEESBURG— Lake Side Park	OKEECHOBEE— Bungalow Village Pages Auto
LEMON CITY— 59th St. Cottage	OLYMPIA— Hayward
LOCKHART— Log Cabin	ORANGE LAKE— Oak Dale Camp Triangle
LONGWOOD— Short's	ORLANDO— Model Park Hand Auto Lorna Doon
LORETTO— Camp Loretto	PALATKA— Palatka
MADISON— Joe's	PALMETTO— Palmetto City
MANATEE— Braden Castle	PALM BAY— Palm Bay Lodge Palm Bay
MANGO— Oak Grove	PALM HARBOR— Palm Harbor
MARIANNA— Camp Gouldin Marianna	PANAMA CITY— Bunker's Cove Auto
MELBOURNE— Midway	PENSACOLA— Bay View
MIAMI— Liles Camp Phelps Miami Camp Grande Bay State Keystone Illinois Price 32nd Ave. S. W. Tennessee Kirks Cottages Broyhills Magic City Hi-an Dry	PIERSON— Flanico
MIMS— Love's Certified	PLANT CITY— Our City Plant City Mac's Pine Grove
MINNEOLA— Minneola	POMONA— Red, White & Blue
MONTICELLO— Camp Clarke	PUNTA GORDA— Dandy
	RIVER JUNCTION— Alford's

BUREAU OF ENGINEERING—(Continued)

ROCKLEDGE—

Rockledge

ST. ANDREW'S—

St. Andrews Bay Auto

ST. AUGUSTINE—

Dillon's

Post's

St. Augustine

ST. CLOUD—

Alligator Lake

St. Cloud

ST. PETERSBURG—

All States Court

St. Petersburg Cp. Grand

Lewis City

St. Petersburg Auto

Pine City No. 1

Pine City No. 2

SANFORD—

Sanford

Short's

SARASOTA—

Tourist Haven

Ideal Tourist

Indian Beach & Sarasota

SCOTTSMOOR—

Gray

SEBRING—

Sebring

SEFFNER—

Chipco

Spencer Park

SILVER SPRINGS—

Silver Springs

SOUTH JACKSONVILLE—

Huntley's Tourist

Goodbee Lake

STUART—

Stuart Auto

St. Lucie Auto

Bells

SULPHUR SPRINGS—

Camp Comfort

Camp Nebraska

Sanitary

TAFT—

Dixie Dale

TALLAHASSEE—

Tallahassee

TAMPA—

Williams Park

The Oaks (6 Mile Creek)

Broadway

The Original Broadway

Pimm

Five Mile

Wigwam

Edgewood

Lynch's DeSota Park

Oak Springs

Cozy

Uceta

Try-Me Cottage

Red Arrow

Florida

Fisher's

Chief Brown's

TARPON SPRINGS—

Sunshine

Tarpon Springs

TAVARES—

Lakeside

TITUSVILLE—

Wilson

UMATILLA—

Umatilla Motor

VENICE—

Venice-Nokomis

VERO BEACH—

Vero Beach

Smith's Tropical

WEST PALM BEACH—

Bacon Park

Blue Grass

WHITE SPRINGS—

The Suwannee River

WILDWOOD—

Wildwood

WINTER HAVEN—

Winter Haven

WINTER PARK—

Osceola

YANKEETOWN—

Yankeetown

ZELLWOOD—

Morris

ZEPHYRHILLS—

M. & M. Auto

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****RECORDS AND STATISTICS**

Florida's Vital Statistics records now include births, deaths, marriages, divorces and annulments. These records may be found locally or in the office of the Bureau of Vital Statistics and tabulations are published by the United States Bureau of the Census. Florida's records are not only known nationally, but through publications are scattered over practically every country in the world.

LOCAL REGISTRARS

Please survey your district at once and collect all certificates for unreported births and deaths. The reputation of the state of Florida depends on the records of each individual registration district. Do not fail to forward delayed certificates for the calendar year 1927 as promptly as possible. There are at the present time, five hundred fifty (550) local registrars in the state of Florida and each one has contributed a part in the compiling of complete records for the state. Your faithful efforts have been appreciated not only by the officials of the state but also by many unfortunate persons who have benefited by information contained in these legal records. The work of a local registrar is not easy. It takes patience and faithful effort to complete all the records in any district for a calendar year. The remuneration is very small and for that reason no praise is too great for the faithful effort the local registrars are putting into registration.

PHYSICIANS

Again we look to the doctor who has long hours and is busy. Your name on a birth certificate, however, spells American citizenship for the babies you attend. The registration of a child's birth is required for the benefit of the child, not to satisfy some whim of the lawmakers. It is of the utmost importance to the individual as it legally establishes his identity. Many reasons for filing a birth certificate were given in the December issue of this publication. The registration of a child's birth is his birthright—the first and one of the most important safeguards the state provides for him. We have birth records in the vault of the State Board of Health dating back to 1877. On many occasions, the writer has seen tears in an individual's eyes as she viewed a certificate and noted tenderly the signature of a faithful doctor who had carefully made a record but who had long since passed to his reward. We respect and love our doctors and appreciate their contribution in establishing legal records for the citizens of this state.

BUREAU OF VITAL STATISTICS—(Continued)**FUNERAL DIRECTORS**

On many occasions, we have endeavored to utter words of appreciation to the funeral directors of the state of Florida. It is not necessary to ask the men in this profession to check their records for death certificates as the original death certificate must be filed before a body is moved or interred. It is no small task to complete a death certificate, as those of us who are familiar with these records realize. Four original signatures are required. First, the informant must give statistical information regarding the decedent, over his signature. Next, the attending physician must fill in the cause of death and sign the medical certificate. This necessitates the undertaker, or his representative, calling at the doctor's office for information. Here we have two busy men giving of their valuable time to the cause of complete and accurate records. Next, the undertaker must sign the certificate showing that he was the person in charge of the interment. Last, the certificate must be signed by the local registrar and the date of filing inserted. The certificate having been completed, a burial or removal permit is issued. It is through such faithful efforts that relatives are able to properly handle inheritances composed of large insurance policies, real estate and other possessions. The standards of morticians in Florida are becoming better and better. The State Association of Funeral Directors and Embalmers covers practically all points of the state. Its members meet regularly each year and are improving everything in connection with their profession.

MIDWIVES

More than 10,000 births were attended by midwives during the calendar year 1926. This represents almost 30% of all of the births which occurred in the state. There is at the present time, closer supervision over midwives in this state than ever before. Through the efforts of the Child Hygiene and Public Health Nursing Bureau of the State Board of Health, the midwives receive personal instruction, examination and as much supervision as funds will permit. We may well expect the midwives to become more proficient in their work.

COUNTY JUDGES

Through the cooperation of the County Judges, records of marriages performed have been received, beginning about the middle of 1927. A standard form of marriage license has been approved by the County Judges' Association through their officers and the centralization of marriage records will add another round to the ladder of advancement for state records. In addition to having a complete record of every marriage in each county, there will be a record in a central office. The hearty cooperation by the County Judges has been very much appreciated.

CLERKS OF THE CIRCUIT COURT

Records of divorces and annulments are received through the Clerks of the Circuit Court. A uniform blank has been approved by a committee of the Clerk's State Association and their cooperation in centralizing these records is also appreciated.

BUREAU OF VITAL STATISTICS—(Continued)

Official Opinions Received From

HON. FRED H. DAVIS, Attorney General

August 17, 1927

"A letter from you came to my office while I was at Camp Johnston, asking whether there was anything in the Constitution prohibiting the forwarding of original marriage licenses to a central office.

I am of the opinion that it is within the power of the Legislature to provide that official records may be kept anywhere in the State and by any agents in the State which the Legislature may designate and such being true, there is certainly no inhibition against a law that provides that original marriage licenses must be forwarded to the Bureau of Vital Statistics for final custody.

As a matter of law a common law marriage in Florida is perfectly valid under the decision of our Supreme Court and may be legally contracted without any marriage licenses at all and without any preacher or other person performing any marriage, however, there is a penalty against anyone performing a marriage without a license. It is, therefore, apparent that the marriage licenses are only for the purpose of making a record of marriages and it is certainly within the power of the Legislature to provide that this record shall be really an effective one by putting it in a central place where it can be uniformly kept for the benefit of those who may desire to have access to it as a means of information."

October 18, 1927

"I am of the opinion that Senate Bill No. 75, Chapter 12005, Laws of 1927, contemplates that doctors, whether practicing or not, shall register annually with the State Board of Health.

The purpose of this registration seems to be mainly to preserve information as to the whereabouts of the physicians licensed to practice rather than a registration of those physicians actually engaged in practice. The statute says that all those licensed to practice who at the time the statute was enacted were lawfully engaged in the practice of medicine should register annually as required in the Act.

If a person applies for a license to practice medicine and engages in some other occupation he would probably be exempt from registration under the Act by notifying the jury to that effect."

October 28, 1927

"In Re: Whether Veterinarians required to register under Chapter 12005, Acts of 1927, Laws of Florida.

Chapter 12005, Acts of 1927, Laws of Florida, is entitled:

"AN ACT to require the registration of all physicians, surgeons, osteopaths, chiropractics, naturopaths, midwives and all others practicing the medical and/or material healing art in the State of Florida; to provide fees for the same and penalties for violation."

BUREAU OF VITAL STATISTICS—(Continued)

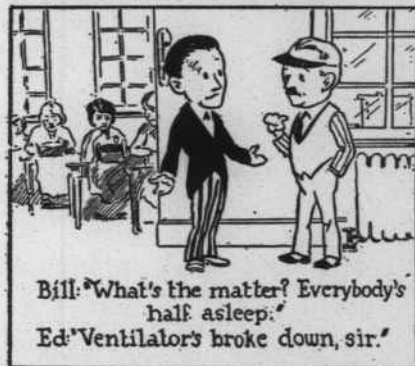
There is nothing in either the title or the body of this act which can be construed as applying to veterinary doctors or surgeons, and I am therefore of the opinion that veterinarians are not required to register under this Act."

November 14, 1927

"Section 1 of Senate Bill No. 75, approved May 28th, 1927, provides:

"That from and after the passage of this Act every license to practice..... shall before the licensee begins to practice thereunder be recorded in a book for that purpose in the office of the Clerk of the Circuit Court of the County in which he resides or in which such practice is intended to be carried on....."

It is apparent from this provision, taken in connection with other provisions of the Act that if a physician has his license recorded in the County in which he resides and intends to practice it is necessary to have said license recorded in another County whenever he moves from one part of the State to another or changes his abode from one part of the State to another, as the law requires that the license be recorded in the County 'in which such practice is intended to be carried on' ".
— F. H. N. —

BILL JONES *and* VENTILATION

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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No. 2

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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Address all correspondence care State Board of Health, Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****THE KAHN TEST**

During the past several years a great deal of research on various precipitation tests for the diagnosis of syphilitic conditions has been carried on by various workers both in this country and abroad.

One of these tests—the Kahn—perfected by Dr. R. L. Kahn of the laboratory of the Michigan State Board of Health has been adopted as a routine test by several of the states as well as governmental agencies. The adoption has taken place only after extensive comparative tests in the various laboratories. The State Board of Health Laboratory of Michigan where the test was perfected has made over 270,000 comparative tests with about 96% complete agreement with the Wassermann test, State Board of Health Laboratory of Illinois over 25,000 with over 95% that gave the same result. State Board of Health Laboratory of Tennessee 25,000 with an agreement of 94.44%, Laboratory of Vanderbilt University 17,000 with 95.6% agreeing and many other laboratories have made comparative tests varying from a few hundred to many thousands.

We have been in fairly close touch with the work done especially in the state laboratories but have not had the personnel that would enable us to do a comprehensive series of comparative tests, as all were busily engaged in making the tests submitted to the laboratories, having no time for additional tests.

Under these conditions, the question was put to a number of the leading authorities on serology to find if they felt that we would be justified in substituting the Kahn for the Wassermann test without comparative tests in view of the fact that so many of the comparative tests have been made by various workers and the unanimous opinion was that we were justified.

As a result, Miss Griffith went to Lansing where she was instructed in the technic by Dr. Kahn and as soon as possible—probably about the middle of February the laboratories at Jacksonville, Tampa and Miami will be ready to proceed with the tests.

It is our aim to give the best service possible to the physicians and people of the State and in making the change from the Kolmer Complement Fixation Test (now being used) to the Kahn a more prompt service can be given. By the Kahn test the report on a specimen of blood may be given the same day on which the test is run, whereas by the present method a report cannot be made until the day following the run.

There will no change in the method of submitting specimens as the bloods will be submitted exactly as for the Wassermann test and the same amount of blood is needed. The only difference is that the test will be the Kahn and it will be so reported.

The interpretation of the report as with the Wassermann will rest with the physician, who has the clinical features of the patient to assist him, for it must be borne in mind that any laboratory test is but an aid in the diagnosis of any condition and the laboratory is to be considered as such in making or confirming a diagnosis.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****COMMUNICABLE DISEASE 1926 - 1927**

A cursory study of the morbidity reports received in this bureau from physicians and others shows as clearly as such reports can show that the year 1927 was marked by a decrease in the prevalence of communicable diseases. This conclusion is supported by provisional records made available through the Bureau of Vital Statistics.

SMALLPOX WELL UNDER CONTROL

Toward the end of 1925 there began to appear scattered cases of smallpox, which spread briskly during the early part of 1926, reaching a maximum of 182 cases reported in the first week of March. Then there was a steady decrease. But 48 cases were reported in July, 51 in August, 39 in September, 22 in October, 35 in November and 170 in December. In the first half of 1927, this increase reached its maximum of 307 cases reported in the month of April and a total of 1,294 during the entire six months. During the latter half there were but 62 cases reported in the entire state, making a total of 1,356 for the year as compared with 2,890 in 1926. This is especially interesting and gratifying in view of a recent statement from the U. S. Public Health Service to the effect that in quite a number of states during the latter part of 1927, smallpox was much more prevalent than during the same period of the previous year.

The first line of defense was not quarantine (isolation) but vaccination, opposition to which made its appearance as usual. It is interesting to note that as usual this opposition varied inversely with the proximity and virulence of the smallpox. In the battles against disease as in all warfare, there are those who clamor loudly for defense but are more than willing that others do all the fighting. So much for patriotism, loyalty and civic pride.

The free distribution of a pure, potent vaccine and the alacrity of physicians and health officials in vaccinating account for prompt control of this outbreak.

TYPHOID

While a marked increase in the prevalence of typhoid has been noted in many of the states to the north, there were reported in Florida during 1927, 587 cases compared with 639 in 1926. During the first ten months of 1927, there were reported 176 deaths from typhoid as compared with 189 for the corresponding period of 1926. A decided improvement in many water supplies and extension of sewage disposal facilities together with the protection afforded by inoculation are believed to account in part for the decrease in typhoid.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

It has been observed that the decrease took place in communities most active with preventive measures.

DIPHTHERIA

In 1926 there were reported 1,224 cases of diphtheria, while in 1927 there were 1,075 cases reported. There was a decrease of 13 in the number of deaths recorded during the first ten months of 1927 as compared with the same period of 1926.

Approximately 80% of the deaths from diphtheria are in children under ten years of age. The State Board of Health stresses at all times the value of immunization to children between six months and ten years of age. The Schick test is advised for school children and inoculation by the family physician without the test for younger children. Many precious lives can be and are being saved by toxin-antitoxin.

POLIOMYELITIS

There was an increase of acute poliomyelitis in Florida in 1927 when 38 cases were reported. Only 16 were reported in 1926. Florida was very fortunate in this respect however, as compared with other sections where a much greater increase was noted.

SCARLET FEVER

There was an increase of 42 cases of scarlet fever reported in 1927, 501 cases being reported; 15 deaths were attributed to this disease during the first ten months.

The State Board of Health is often asked about the Dick test and scarlet fever toxin for active immunization. There are three reasons why these materials are not supplied by the Florida State Board of Health: first, there is still some question as to the proper size and number of doses of toxin required to produce immunity and the active immunity does not appear to be permanent as is that produced by the diphtheria toxin-antitoxin mixture; second, scarlet fever is not as frequent or severe in Florida as in the northern states and third, adequate funds have not been provided for this purpose and the State Board of Health is endeavoring to utilize its resources where the greatest good will result.

BRILLS DISEASE

Of Brills disease, the mild, sporadic form of typhus referred to in last month's issue of Health Notes, there were reported in 1927, 45 cases while in 1926 but 16 were reported. This apparent increase may be real and it may be due to better reporting. An earnest effort has been made to bring about recognition and reporting of these cases.

BUREAU OF COMMUNICABLE DISEASES—(Continued)**MALARIA**

The reporting of cases, even by doctors, is admittedly very incomplete. This is due in part to stress of other duties and to carelessness but largely also to the fact that the diagnosis is not always confirmed by blood examination, even when the specimens are submitted. If the patient has taken even a small amount of quinine the parasites are likely not to be found. Self treatment with proprietary remedies is often misdirected, ill advised and usually inadequate, and the cure, if affected at all is greatly delayed. If the doctor prescribes treatment, relapses are less frequent and preventive measures more likely to be instituted.

TUBERCULOSIS

The morbidity rate from tuberculosis seems to have continued to diminish through the last year. Not all the factors contributing to this are definitely known but better housing, better nourishment and more pure air are believed to be contributing factors.

The physicians of this bureau have pledged themselves to put forth their best efforts toward a continued decrease of sickness and death from communicable diseases, and every person in Florida is invited to enlist and do battle in the cause of good health.

— F. H. N. —

THE DOCTOR is obligated by his sense of professional ethics and civic duty as much as by the law, to report communicable diseases promptly. He is derelict in his duty and merits criticism from his community if he fails to do so, because delay may prove expensive. Most doctors cooperate splendidly with the State Board of Health. We want the cooperation of all.

RELEASE CULTURES

The germs of diphtheria remain in the throats of patients after recovery for periods varying from a few days to several months, hence if the period of isolation is terminated without culturing, there is considerable danger of scattering virulent germs. The regulations of the State Board of Health require two consecutive specimens from nose and throat in which no diphtheria germs can be found. The attention of local health officers and attending physicians is invited to this important safety measure.

— F. H. N. —

Dr. Henry Hanson, Director of the State Board of Health Laboratories 1908-1914, but more recently with the International Health Board as an investigator of yellow fever in Central and South America and in Africa, has been appointed Field Medical Officer and entered upon his duties in District No. 5, comprising all the territory west of the Apalachicola River.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF DECEMBER, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1792	946	447	102	43	3330
Diphtheria	642	446	132	1186	5	2411
Typhoid	192	91	16	21	9	329
Malaria	167	83	15	29	29	323
Rabies	12	5		4		21
Tuberculosis	163	47	6	30	10	256
Gonorrhoea	269	171	18	109	19	586
Wassermann	2438	978				3416
Water: Bacterial Ex.....		38		133	1	172
Water: Chemical Ex.....				159	1	160
Milk: Bacterial Ex.....	38	144	33	264	12	491
Milk: Chemical Ex.....	39	144	34	506	10	733
Miscellaneous	70	18	3	44	7	142
	<hr/> 5822	<hr/> 3111	<hr/> 704	<hr/> 2587	<hr/> 146	<hr/> 12370

Specimen Containers Distributed 5896

Diphtheria Antitoxin.....	10,000 units	254 Packages
	5,000 units	97 Packages
Toxin Antitoxin.....		647 C. C.
Schicks.....		5,550 Tests
Typhoid Vaccine.....		455 Treatments
Vaccine Virus.....		1,773 Capillaries
Carbon Tetrachloride.....		2,110 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MAY DAY 1928



This Baby Started Right
Physically Perfect By
Examination.

"Better Children For Our Nation"
"A Better Nation for Our Children"

With the beginning of the new year, we are reminded that we are on the last lap of our journey toward May Day. In this connection, it would be well for all those interested to see that defects found on previous examination are corrected, health habits being regularly practiced and plans set on foot for the 1928 May Day celebration.

This year we may have some splendid publicity if we plan far enough ahead. Somewhere in the State there is sure to be a May Day Child Health celebration of outstanding appeal and importance, and Pathe News is interested in striking and unusual May Day festivals, so here is a way for you to get good publicity for your health work.

That we know the goal and how best to reach it, let us begin with:

THE CHILD'S BILL OF RIGHTS

A Working Platform

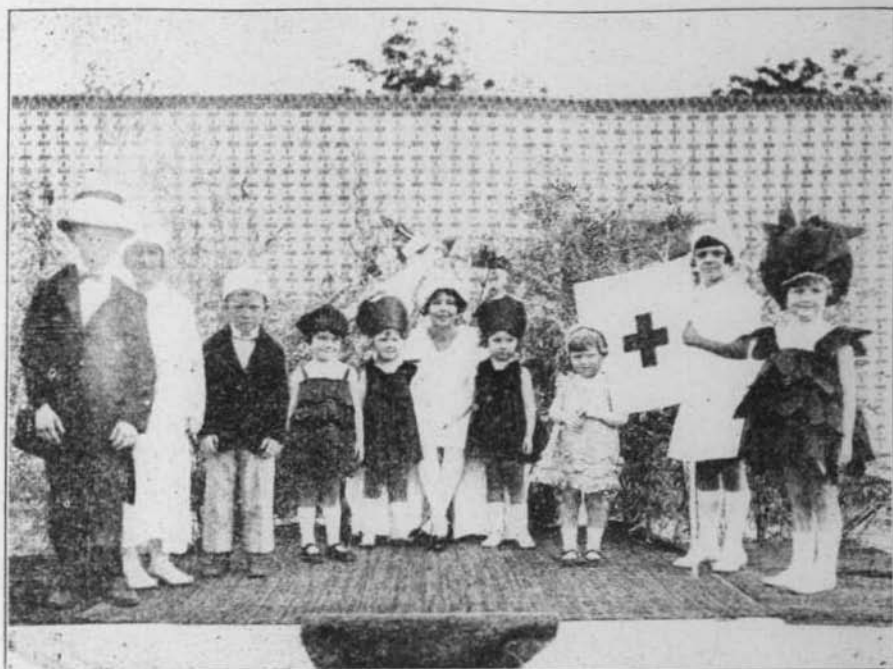
"The ideal to which we should strive is that there shall be no child in America that has not been born under proper conditions, that does not live in hygienic surroundings, that ever suffers from under-nutrition, that does not have prompt and efficient medical attention and inspection, that does not receive primary instruction in the elements of hygiene and good health; that there shall be no child that has not the complete birthright of a sound mind in a sound body and the encouragement to express in fullest measure the spirit within which is the final endowment of every human being."

(Signed) HERBERT HOOVER

To make the vision of this "Bill of Rights"
a working program in an increasing number of communities.
is

THE PURPOSE OF MAY DAY
NATIONAL CHILD HEALTH DAY

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)



Every child in this group physically perfect and protected against Diphtheria and Smallpox

We have taken as our invariable platform for May Day the Child's Bill of Rights. If we examine it point by point, we find it is a complete guide to every needed activity to round out the life of the child. THIS YEAR OUR MAY DAY AIMS WILL BE BASED UPON THESE POINTS:

1. "That there shall be no child in America that has not been born under proper conditions."
Responsibility of Parents—Preparedness for
 - (a) Motherhood
 - (b) Fatherhood
 - (c) Pre-Natal care.
2. "That does not live in hygienic surroundings."
Responsibility of the Home
 - The physical environment
 - The cultural environment
3. "That ever suffers from under-nutrition."
Responsibility of the Home
 - Food Regime and Habits at Home.Responsibility of the School.
 - Importance of the School Lunch

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)

4. "That does not have prompt and efficient medical attention and inspection."
 - Responsibility of the Home
 - The School—Physical Examination
 - The Community—Correction of Defects
 - Immunization.
5. "That does not receive primary instruction in the elements of hygiene and good health."
 - Responsibility of the Home
 - Training in health habits
 - The School
 - Teaching of health knowledge
6. "That there shall be no child that has not the complete birth-right of a sound mind in a sound body."
 - Responsibility of the Home
 - The School
 - The Community
 - Factors of the Sound Mind.
7. "And the encouragement to express in fullest measure the spirit within which is the final endowment of every human being."
 - Responsibility of the Home
 - Training the Spirit of the Child in the home.
 - The Church
 - Training the Spirit of the Child in the Church.

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

MUNICIPAL WATER ANALYSES

Perhaps you wonder whether or not the water that rushes from your faucets is safe to drink. Do you know anything about the water supply of your city? Where does it come from and how is it treated? Is it regularly tested? Are there any bad features about it?

To safeguard water supplies is the paramount duty of the Bureau of Engineering. We are continually on the alert regarding water supplies, checking new plans of installation, checking operation details and examining the final product of these plants.

To further the routine examination of water supplies, the Bureau has endeavored to sell the cities and companies producing water the idea that all water supplies should be tested regularly—at least once a month, better once a week, and best, daily—if the plant is large enough to warrant it. Our field force has instructions to impress upon city officials the need for routine examinations and to suggest to them that if they purchase their own shipping case we will furnish

BUREAU OF ENGINEERING—(Continued)

the sterile bottles, tags, etc. Over 100 cities in Florida now own their own water sample case and are shipping samples into our laboratory. During 1927, over 3300 bacterial examinations of water were made. Most of these were on samples from public water supplies although all tourist camp supplies and many school samples were examined. Bottled waters prepared for the market in Florida or shipped into this state are examined every two months by having samples sent in as prepared for the market. Thus a close check is maintained on the water supplies from a laboratory standpoint. Field investigations are made continually and the slightest suspicion of a poor test calls for a recheck and field investigation of the supply.

The following cities own their own shipping cases and submit samples regularly.

Auburndale	High Springs
Arcadia	Hollywood
Alachua	Homestead
Avon Park	Homosassa
Apopka	Haines City
Bartow	Indian Town
Bonifay	Kelsey City
Bradenton	Keystone Heights
Belleair	Kissimmee
Boynton	Lake Worth
Babson Park	Lake City
Brooksville	Leesburg
Blountstown	Loughman
Boca Raton	Lake Placid
Benson Junction	Lake Helen
Clearwater	Largo
Crescent City	Live Oak
Chipley	Lakeland
Clewiston	Lake Wales
Cocoa	Longwood
Clermont	Marianna
DeLand	Maitland
Davenport	Melbourne
Daytona Beach	Moore Haven
Delray	Mount Dora
De Funiak Springs	Monticello
Eustis	Miami
Ft. Myers	New Smyrna
Ft. Meade	Ocala
Ft. Lauderdale	Orlando
Ft. Pierce	Okeechobee
Fernandina	Ormond
Frostproof	Palatka
Gainesville	Punta Gorda
Gulf Hammock	Pensacola

Pompano
Perry
Plant City
St. Augustine
St. Petersburg
St. Cloud
Stuart
Sarasota
Sanford
Sebring

Tavares
Titusville
Umatilla
Venice
Vero Beach
West Palm Beach
Winter Park
Winter Garden
Winter Haven

To keep "tab" on the cities submitting samples a spot map is kept in the office. On this map every city owning a box is spotted and for January a red pin is placed in the circle opposite this city—thus the entire map is covered with red pins on January first. Then as the samples come in the red pin is removed and a green one inserted so that the map is very nearly all green pins by February first. Then the procedure is reversed.

At the close of the second week in the month, every city that has not submitted samples is notified by card that their sample has not been received. These cards are mailed out on Saturday so as to arrive at the water department on Monday and samples can be shipped that day or later. Should the card not bring forth the desired samples then on the next Saturday a letter is sent to the water department that is lax and a copy to the Mayor or higher official. This usually results in the delayed samples coming in promptly.

Special printed shipping tags are used so that the Express Companies give the samples proper handling and also save the cities about 25 per cent of the cost of expressage by utilizing the "returned empty container" rate. Sample boxes are received in our laboratory about noon and the samples are started before five that afternoon. The shipping cases are dried, replenished with sterile bottles and returned to the sender the next day. Thus the water department or company has a sample case with two or three sterile bottles on hand at all times to submit samples as they desire.

The State Board of Health does not limit the city to samples once a month. Several cities "keep their box hot", to use a slang expression, and have it on the road all the time. Thus St. Petersburg submits samples every week. Cities are promptly notified of the bacterial results after the presumptive *B. coli* examination and confirmation tests have been concluded. It is requested that the results be published in the local papers.

The next time you see your water superintendent ask him about his last water test. If your city is not listed as having a box and submitting promptly, ask your mayor or commissioners why. It is to your interest and theirs and for the good of the community. The State Board of Health makes no charge for the examination. The cost of the city is that of the box to start with—\$14.50 and then about \$1.50 per month expressage.

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****SPAN OF LIFE LENGTHENED**

Barring unusual conditions, the year 1928 holds out the promise of a lower death rate than ever before and a longer expectation of living than has ever been known in the history of the world.

In a symposium compiled by the Milbank Memorial Fund and made public through its secretary, John A. Kingsbury, noted authorities give the 1928 baby an "expectancy of life" exceeding that of the infant born in 1927, even conceding that the year just ended has enjoyed an unusually low mortality rate.

Based on statistics of past decades the baby born in 1928 is promised 140 days more of life than the baby born in 1927, according to Edgar Sydenstricker, Statistician of the United States Public Health Service. The baby born in the new year, Mr. Sydenstricker said, is promised ten years longer of life than his father was when he entered the world, and nearly twenty years longer than his grandfather had the hope of living.

"This advantage which the 1928 baby will have," says Mr. Sydenstricker, "is in the nature of a dividend from an investment which his forbears made in an effort to prevent the diseases which kill children, and in mitigating the conditions which shorten the lives of adults.

"While difficult to estimate, because of fluctuations from year to year, this dividend should be approximately 140 days, this being the average rate per annum of increase in life expectation American babies have enjoyed over a considerable period of years, according to the vital statisticians, who are our bookkeepers of life. While it is dangerous to make precise predictions as to the future with respect to life prolongation, barring unforeseen conditions, the year 1928 holds out the promise of a lower death rate than ever before and a longer expectation of living than has ever been known in the history of the world."

Citing the increasing attention being given to the public care of health and the spreading of medical knowledge as factors which have already helped to add many years to the American's average life expectancy, Dr. William H. Welch, Dean Emeritus, School of Hygiene and Public Health, John Hopkins University, himself approaching the age of 80, sees no reason why twenty years cannot be added to the average span of life.

"Life has been lengthened materially, even in the last twenty years," says Dr. Welch. "The death rate in New York State has in the last forty years been reduced from 24 to 12 per 1,000. Cutting the death rate in half means the saving of thousands of lives yearly."

The present death rate can be further reduced and more years can be thus added to the average life-span of man, in Dr. Welch's

BUREAU OF VITAL STATISTICS—(Continued)

opinion, by the utilization of recently acquired knowledge, close application of the accepted principles of hygiene, and improved working and home conditions. It is through the accumulation of small injuries that constitutions are constantly undermined and break down before their time, Dr. Welch says.

"If we call to mind how far the average duration of life falls below the possible duration, we see how immense is the loss. When, to the numerous partial deductions which bad health entails, we add this great final deduction, it results that ordinarily more than one-half of life is thrown away. Could we but add to our present years the hours, weeks and months of impaired health needlessly suffered, many of us would, within several decades, find ourselves living to be a hundred."

The tremendous loss to the nation, calculated in dollars, through the preventable deaths of 120,000 babies each year is set forth by Dr. Louis I. Dublin, Statistician, Metropolitan Life Insurance Company, as one reason for accelerating public health activities in the nation-wide effort to promote life expectancy. Placing a capital value of more than \$9,000 on these babies, if they are boys, and of \$4,600 if they are girls, Dr. Dublin points out that every year more than three-quarters of a billion dollars are lost from this preventable infant mortality.

Dr. Dublin estimates that the aggregate preventable deaths annually cost the nation over six billions of dollars, and that the elimination of the factors responsible for these deaths will not only save the nation this annual loss, but raise the average expectation of life nearly ten years, an average duration of life which he believes is entirely possible for the American people.

"Less than fifty cents per capita probably represents the total expenditure of the American people for public health," says Dr. Dublin. "Expert opinion of public health officials indicates that an expenditure of \$2.50 per capita wisely directed through organized channels against the preventable diseases and for public health education would reduce the annual death rate two points per thousand and correspondingly increase the expectation from five to seven years."

Dr. Dublin says that only by intensification of efforts directed toward life prolongation will this goal be reached. The year 1927, he says, has been a record health year in the history of the United States and Canada, and 1928 should be equally as good, always barring extraordinary conditions, if public health work keeps pace with the standard set in 1927. The 1928 baby will have a better chance for longer life expectancy than the infant born last year, only by increased efforts in public health.

HERE AND THERE

Thousands of people have tuberculosis and never know it. About two people in every hundred break down with this disease. Every one is exposed to it at some time, the germs are prevalent everywhere. Even YOU may have tuberculosis and not know it.

No chronic disease is more easily curable than tuberculosis, if it is discovered in time. The danger signs are loss of weight, that "tired-all-the-time" feeling, a cough that hangs on, early morning cough, night sweats, and an afternoon temperature. These are the signs most often noticed. Proper treatment in a sanatorium or at home will restore health to most cases of early tuberculosis.

If in doubt have an examination with bared chest. Let your doctor decide if it is tuberculosis that is troubling you.

In an effort to get persons suffering with any or all of the above mentioned symptoms to be examined the Florida State Board of Health, Florida Public Health Association and all affiliated organizations will cooperate with national health agencies and the American Medical Association in sponsoring an early diagnosis campaign during the month of March.

— F. H. N. —

One of the largest libraries in the United States is trying to complete a file of Florida Health Notes. If you have no objection to parting with any numbers missing please forward same to this office. The Florida Health Notes that are requested at this time are listed below. Old Series. Vol. 1, nos. 1 to 4, 7 to 12; vol. 2, nos. 2 to 12; vol. 3, nos. 1, 3, 8, 9; vol. 4, nos. 3 to 6, 9, 12; vol. 5, nos. 1, 2, 10 to 12; vol. 6, all issues; vol. 7, nos. 7 to 9, 11, 12; vol. 8, nos. 3 to 12 (1892-1900); N. S. Vol. 13, nos. 6 to 12; vol. 14, nos. 9 to 12 (1921 and 1922). Also any issues published between OS. Vol. 8, nos. 12 (1900) and N. S. Vol. 1. (1906).

The library in question is very anxious to complete its file and will appreciate any missing numbers that may be supplied.

— F. H. N. —

Marriage records have been centralized in the state of Florida beginning with the middle of 1927. A continuous card index, alphabetically arranged, is kept up to date so that the records are available by the name of the groom and the name of the bride.

— F. H. N. —

Going Down

During a match at St. Andrew's, Scotland, a rustic was accidentally struck in the eye by a golf ball. Running up to his assailant, "This'll cost ye five pounds—five pounds!" he yelled.

"But I called out 'Fore' as loud as I could," explained the golfer.

"Did you, sir?" replied the troubled one, much appeased. "Well, I didn't hear; I'll take four." —Exchange

— F. H. N. —

Customer—"I've brought that last pair of trousers to be reseatd. You know I sit a lot."

Tailor—"Yes, and perhaps you've brought the bill to be receipted, too. You know, I've stood a lot."

—Exchange
— F. H. N. —

Tit for Tat

In a Sunday school situated in one of the suburbs there was a slight disturbance one day among the smaller pupils. A small boy had slapped a little girl. The teacher was quick to rebuke the youngster.

"Jackson," she said, "no gentleman would strike a lady."

The boy was all ready with his reply. It was: "Well no lady would tickle a gentleman."

—Exchange
— F. H. N. —



LABORATORY,
25TH & EAST STREET,
WASHINGTON.

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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MARCH, 1928

No. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****THE EARLY DIAGNOSIS OF TUBERCULOSIS**

The year 1928 is to witness a nation wide campaign to stimulate the early diagnosis of tuberculosis.

The movement was inaugurated by the National Tuberculosis Association but will have the wholehearted cooperation of the state and local health departments throughout the country.

Tuberculosis can be cured but in order to effect the cure, the most essential factor is the diagnosis; the earlier the diagnosis is made and proper treatment initiated, the shorter the period necessary to accomplish the desired result.

In spite of the fact that careful studies have shown that several cases exist for every death from this disease, and although the law requires that every case or suspected case must be reported to the State Board of Health, there were reported in 1927 but 1107 cases while 1087 (provisional figures) certificates were received, giving tuberculosis as the cause of death and many times the death certificate is our first knowledge of the case.

One reason for this is the fact that the early diagnosis of tuberculosis is as much a specialty as major surgery or as is the treatment of the eye, ear, nose and throat and the majority of the cases do not see a specialist; hence, in so many instances, lose their best chance for cure.

As soon as possible, the State Board of Health will number on its staff a man trained in the early diagnosis of tuberculosis. His services will be available not only to assist in the examination of those individuals whose physicians request it, but also to assist any group of physicians to a better knowledge of the early diagnosis of the condition. Examinations will be made at the request of the local medical societies of any suspects or contacts who may be referred to him by any of the physicians.

The plan will be to cooperate fully with the local men and to stimulate the early recognition of the disease. This will make possible a great saving in the time necessary to arrest and cure the condition. It will also prove to be a great economic factor in the control of tuberculosis, for every month, week or day that is taken from the earning power of any individual is a vital question to the welfare of the state.

In the very near future we hope to furnish this service and feel that it will be a splendid investment.

— F. H. N. —

The week of April 1 to April 8, 1928, has been set aside for the fourteenth observance of National Negro Health Week. State and municipal health departments, voluntary health organizations, and numerous other official and unofficial agencies interested in race welfare and advancement are cooperating with the United States Public Health Service in a determined effort to improve health and living conditions.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****HANDICAPS OF CHILDHOOD**

The advantages to your child of being well reared are quite as great as the advantages of being well born; happiness and success in adult life depend as much on the one as the other.

Your child cannot profit to the fullest by his educational opportunities, even his moral structure will be jeopardized, if, during the formative period, he is physically unfit.

Doubtless most of the three or four hundred thousand children of school age in Florida have a fairly adequate and balanced diet and many of them are free from defects that could be remedied by medical, dental or surgical procedure, but there remain many thousand whose mental, moral and physical growth is retarded, who are inefficient in school and will have to go through life holding positions of minor importance because of their inability to take full advantage of their opportunities.

It is not desired here to enter into a full discussion of diet for the school child but a few suggestions might be timely. Many children are fed too much on grits, rice, corn bread, sweet potatoes, syrup and fat pork. Most such children could readily be provided with fresh milk, fresh eggs, fresh fruit and fresh vegetables and greatly would they be benefited.

There are hordes of children who, because of improper diet, have teeth that do not well resist decay and yet by careful use of the toothbrush and an occasional visit to a dentist, such teeth may be preserved for long years of usefulness. Decayed and abscessed teeth are decidedly harmful.

Hookworm disease, a handicap observed much less commonly than a few years ago, is yet a serious check on the development of many children. It has often been discussed in these pages, is readily detected and cured but, best of all, it is most readily prevented.

Diseased tonsils, tonsils that become periodically inflamed are likely to furnish to the blood stream quantities of poison sufficient to bring about serious disturbances, such as acute rheumatism, valvular disease of the heart and kidney disorder. A child with repeated attacks of tonsilitis should be taken to the family doctor or specialist for examination and treatment.

Each year the field workers of the State Board of Health recognize and call to the attention of parents the physical defects of children examined or inspected. These defects are not treated by the State Board of Health, but referred to practicing physicians. Our hope is that the handicaps may be removed and that there may grow up in Florida a better race of men.

SMALLPOX IN THE UNITED STATES

During 1927 there were reported to the U. S. Public Health Ser-

BUREAU OF COMMUNICABLE DISEASES—(Continued)

vice, 28,008 cases of smallpox in 37 states having a population of eighty-seven million.

Smallpox flares up suddenly when the infection is introduced into un-vaccinated communities and dies out when vaccination deprives the disease of suitable material. Like fire which cannot flare up in territory recently burnt over or among fireproof buildings, smallpox cannot spread in a population recently immunized by the disease or by vaccination.

When smallpox comes it is, for many, too late to vaccinate. Every man may decide for himself whether to take the risk, of himself and family being among the thousands who will have smallpox this year and next. Vaccination protects. It is safe.

— F. H. N. —

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

THE GAME OF VISION TESTING

We are beginning to appreciate the fact that in safe-guarding and promoting health, our efforts must be directed toward early childhood. We also are beginning to realize that if we are to understand health conditions, we must study the whole child. A real physical inspection will consider every factor.

To the public health nurse, the inspection of school children is often unsatisfactory; probably no part of that work is more unsatisfactory than the vision testing. Usually this testing is not attempted until the child is able to read. For the child's good the acuity of vision should be determined before he begins to read.

But how are we to test vision of those who can not yet read? That question has been answered by the National Committee for the Prevention of Blindness. The answer is of interest not only to public health nurses but to doctors, teachers, parents and all the many persons interested in the welfare of children.

First of all, a method must be planned that will put the child at perfect ease. So it is a game that is played, not a test of vision made. To play the game, we must have a Snellen Illiterate E chart, a standard that will hold the chart at eye level, and placed in proper light, a single card with a big letter on it and three heavy, dark green card-boards of the same size as the Snellen chart. In the center of each card-board, a square hole is cut, allowing single letters to be visible. A plain white piece of cardboard is used to cover the largest letters as we usually begin our game with the letters on the fifty foot line. A chalk line marks a place twenty feet distant from the chart.

To the child the letter E is not an E but a funny, little animal that sometimes has its feet down on the ground (E), sometimes has its feet straight up in the air (E), sometimes to the right E, and sometimes to the left (E). A group of children may play the game first, putting

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)

their hands up, down, or to the side to indicate which way the little animal's legs point as the person holding the single E turns it first in one direction and then another.

After that, one child at a time may play. To get him easily into the game, he first plays close up to the chart with the single letter E turned about on the plain background, and as the card is turned, he indicates the direction with his arms. Then comes the real game with the "peek-holes", in the green cards used. First, while the child stands near the chart, he sees the little animal through the window and indicates its position. Then he goes back to the twenty foot line and plays a game of "peek" there. First, he peeks with both eyes, then with one eye, then with the other. He does not close the eye, but has a card held up before him, and far enough away so that it does not touch his face. With each new line of smaller letters E, he first sees them while close to the chart and then goes back to the twenty foot line for the game of "peek". Sometimes he must play on the five foot, the ten, the fifteen, before he is ready for the twenty. If in his game, he can read the first two letters of each line correctly, we may consider his vision normal. If not, it must be considered abnormal, and be reported. We use the symbols 20/40, 20/30, and so forth, just as with any similar chart to indicate that at twenty feet, the child is only able to see what should be plain at forty and thirty feet. A good many doctors feel that if the pre-school or first grade pupil reads through the 20/30 line, that that is sufficiently accurate for that age.

Any abnormal physical condition of the eye or lids should be noted. Even a momentary squint (cross-eyes) is significant, and should be reported. The reaction to light may be roughly estimated by having the child "take a nap" and then opening both eyes as we watch for equal dilation.

Understanding of children, patience and interest in the task are all requisites for keeping the child happy and free to give an honest measure of his acuity of vision. Perhaps the game will not go well one day, and must be later repeated. Perhaps results show that the child needs medical attention—then the child does not "go to the doctor to have his eyes tested," but does go to "show the man the game." To the child, the test must always be a game; we can not hope for accuracy if there is any tenseness such as comes when the child feels he is being judged—or misjudged. The child's vision is but one factor influencing or being influenced by his health. But it is an important factor. Every effort should be made to better this phase of our work for children of the pre-school and school age.

To give the child an opportunity to do its best is a family and community responsibility. Schools and equipment are provided. Why not spend effort and money in providing the child with its maximum ability to use what is supplied for his education? Good books can not be well used by poor eyes. The parent, the public health nurse, the local health officer and school authorities each, should make it a part of his job to know that the vision of the child is such that his school days may be both happy and profitable.

From—NEWS LETTER Division of Child Hygiene,

Minnesota Department of Health.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF JANUARY, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1266	1369	33	130	31	2829
Diphtheria	560	332	36	412	9	1349
Typhoid	209	92	14	23	24	362
Malaria	179	84	6	25	39	333
Rabies	11	9				20
Tuberculosis	160	87	6	17	9	279
Gonorrhoea	287	156	16	144	17	620
Wassermann	2823	799				3622
Water: Bacterial Ex.....		43		103	4	150
Water: Chemical Ex.....				134	4	138
Milk: Bacterial Ex.....	52	177	28	232	7	496
Milk: Chemical Ex.....	54	177	31	464	7	733
Miscellaneous	95	23	4	67	3	192
	<u>5696</u>	<u>3348</u>	<u>174</u>	<u>1751</u>	<u>154</u>	<u>11123</u>

Specimen Containers Distributed 7614

BIOLOGICAL PRODUCTS DISTRIBUTED

DURING JANUARY, 1928

Diphtheria Antitoxin.....	10,000 units	236 Packages
	5,000 units	64 Packages
Toxin Antitoxin.....		12,296 C. C.
Schicks.....		10,251 Tests
Typhoid Vaccine.....		1,006 Treatments
Vaccine Virus.....		8,073 Capillaries
Antirabic Virus.....		22 Treatments
Antimeningococcus Serum.....		2 Cylinders
Carbon Tetrachloride.....		3,275 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****TWO MEETINGS****Florida Anti-Mosquito Association:**

This year the 'skeeter chasers of Florida will gather in Jacksonville for their annual get-together meeting. The meeting will be only for one day, March 29th, at the George Washington Hotel. This date has been selected because it is the closing date of the meeting of the Food and Drug officials of the Southeastern States. Many of our cities will be sending their sanitary inspectors and food men to this meeting which starts March 27th, for which headquarters is the George Washington Hotel. March 28th is the BIG day of the Food and Drug meeting and next day is OUR day. Cities and towns cannot afford to miss having their men at Jacksonville for these days. A money saving hint, an inspection trick that will prevent spoiled canned goods, frosted fruit, polluted shell fish, etc., from being sold to the unsuspecting public, is very much worth while. We must learn to get full returns on our limited investments. The Florida Anti-Mosquito Association has no dues or fees. It is the clearing house for "skeeter dope". Come and learn how Ft. Pierce has rounded the corner on mosquito control; how Jacksonville goes after the catch basin breeders; how Miami keeps the pests down; how the Florida Federation of Women's Clubs keeps the club women enthused, and the latest data on airplane control.

Better be here for we must—

KEEP EVERLASTINGLY AT IT.**Florida Section American Water Works Association:**

Orlando—the City Beautiful—calls the water works men on April 3rd and 4th. Every water works operator, designing engineer, consultant and supply man should be on his toes and present. Over one hundred men will gather for the two day reunion which will start at 9 A. M. on the 3rd with registration. Luncheon at noon will open the reunion and the program will step right along until the manufacturers' banquet on the evening of the 4th. James E. Gibson of Charleston, S. C., president of the American Water Works Association, and Beekman Little of Rochester, N. Y. will be present and a worth while program is being arranged. City managers and engineers all are invited to be present. Exhibits are being arranged and a big meeting will result. The afternoon of the 3rd will be given to demonstrations and explanations of the chemical and bacteriological tests used in water works practice. The time is April 3rd and 4th; the place is Orlando; the hotel, the San Juan. It will pay every water works man to be there. The Florida Public Service Corporation, The Florida Power and Light Company and West Palm Beach

BUREAU OF ENGINEERING—(Continued)

Water Company are providing big delegations to the meeting. The Orlando filter plant handling Lake Underhill water will be open for inspection; the new ice plant of the Florida Public Service Company will be open. Nearby are many small well plants that invite inspection. Come and see—it will be worth while.

FIELD NOTES

District No. 1—Fred A. Safay, District Sanitary Officer, reports that one of the special items of interest during February was the commencement of shipment of clams in the shell from Crescent Beach, Florida to New York City. Mr. Ferguson of that place having complied with the requirements of that city, and the necessary inspections and bacterial examinations of clams and growing water having been made, was assigned Florida Certificate No. 100, which was in turn approved by the United States Public Health Service and the City of New York.

District No. 2—It is reported by Mr. Broughman, that he has been active in rural school sanitation and milk problems. The results of the malaria survey made at Oviedo were given to the general public there and moving pictures on malaria, hookworm and typhoid were shown at the Women's Club. The city of Melbourne has passed a new milk ordinance and we are making the initial grading. A reinspection of Kissimmee's milk supply revealed that the producing dairies were in excellent sanitary condition.

District No. 3—Mr. Reed at Miami has been active along municipal sanitation lines and has succeeded in having quite a few "sore spots" in our lower east coast cities cleaned up. Through Mr. Reed's efforts, the cities of Deerfield and Riviera now are submitting samples of their city water in their own shipping cases. Thus, they enter the list of progressive cities, alert to the possibilities of change in water quality and anxious to furnish safe water at all times.

District No. 4—Down at Punta Gorda, Mr. Renney has been assisting the cities and smaller communities in sanitary matters and a visit to Sebring in the beautiful ridge country, revealed several items of sanitation overlooked by the city officials. These, however, were corrected at once and Sebring is one of our cleanest small cities. At Estero one of the first "water shortages" due largely to drought, has been brought to the State's attention. This section of Lee County is the artesian or free flowing well area. Wells flow freely by natural pressure but due to drought and excessive pumping for irrigation purposes by one large grove owner, the entire community is suffering from water shortage. Rapid depletion of our underground waters is resulting from severe droughts and unwise pumping.

District No. 5—Consists of Hillsborough, Polk, Pasco and Pinellas Counties. Mr. D. H. Osburn at Tampa has been very active at the South Florida Fair. Following a series of conferences with the

BUREAU OF ENGINEERING—(Continued)

City Health Department, the State Hotel Commission and the Fair Association Officials, several rules were laid down governing procedure for keeping the grounds clean, and foodstuffs sold or given away, safe for human consumption. During the entire fair, Mr. Osburn was on duty there and an inspection of the grounds, etc., revealed that this year the fair was in the best sanitary condition it has ever been. We believe it was the cleanest, most well conducted—from a health standpoint—fair in the State. Dr. H. Mason Smith, member of the State Board of Health was the "prime mover" in all this work. The Fair sanitation was one of the first big problems to be handled by Dr. Bartlett, City Health Officer of Tampa who succeeded Dr. E. C. Levy in January.

District No. 6—Centers about Ocala. Sanitary Officer Holloway has been active in securing approved sanitation in the numerous small towns and thickly settled communities, in his territory. Improved milk sanitation for Leesburg has resulted from co-operative agreement between our representative and the city officials. Plans for a sanitary survey of the Grove Dowling Lumber Company at Gulf Hammock in Levy County have been made. This Company expects to have a modern sanitary community at Gulf Hammock and is interested in malaria control for the vicinity.

District No. 7—The western part of the State. Major C. N. Hobbs, at Tallahassee has been on the road working school sanitation in Okaloosa, Calhoun and Madison Counties. He has also been active in investigating a typhoid fever outbreak in the vicinity of Greenville, and it seems that the cases are largely contact ones. Major Hobbs reports activity by Tallahassee along mosquito control lines and Madison along general sanitation.

Our "West Coast" District Engineer, Mr. Lamoureux, now has to cover the entire lower portion of the State. He has been busy at Indiantown trying to get proper filter plant operation at that point. He has also been investigating the several water supplies in and about Tampa and assisted by Mr. Renney in a sanitary investigation at Sears (Hendry County) Florida.

It has been a busy month and promises a busy summer. It appears Florida has rounded the corner and the slackness of cities and individuals regarding sanitation, seems to have disappeared.

Mr. Arthur P. Miller, Sanitary Engineer of the U. S. Public Health Service, Washington, D. C., who is in charge of water certification and control on interstate carriers, was in Florida and made an inspection trip down the entire East Coast conferring with municipal and railroad officials along the line. Mr. Miller stated that the past year was the first one in which Florida had all the watering points for railroads certified.

BUREAU OF ENGINEERING—(Continued)**YEAR MARKED BY GREAT PROGRESS IN CONTROL OF
MOSQUITO PEST AT FT. PIERCE, FLORIDA**

By William I. Fee

Chairman St. Lucie County Sanitary (Mosquito) District

The St. Lucie County Sanitary (Mosquito) District was formed by House Bill No. 621, enacted by the Florida Legislature at the session of 1927. It comprises the eastern part of the county, a strip approximately 12 miles wide, and possesses an assessed valuation of about \$5,000,000.

The district is an incorporated body, can sue and can be sued, can borrow money up to, but not exceeding \$20,000, and can ask for a tax levy up to 10 mills. It has three commissioners, under bond, who serve a term of four years. The district was organized to provide funds for combating the mosquito pest, to provide a responsible disbursement of the same, and to carry out the policy or policies that will give the best possible results.

For several years there has been more or less discussion of the mosquito evil and some desultory attempts to mitigate it. The money spent was raised by private subscription and resulted in no permanent alleviation of the evil.

The scientific work of coping with the mosquito evil is still in its infancy. The experts in the government service are still studying the fundamentals of the problem, which are being revised continually. A comprehensive, systematic, continuous survey of our local mosquito producing area was begun in August, 1927, on the "island", a strip of land extending the length of the county, paralleling and lying between the Atlantic ocean and the Indian river, where originate the overwhelming majority of our mosquitoes. This survey was conducted by Norman G. Platts, then health officer of the city of Ft. Pierce, and in consultation with him for several months was A. W. Fuchs, of the Government Health Service, who was of invaluable assistance in arriving at conclusions and advising courses of action. This is the first survey of the mangrove salt marsh type of mosquito that has ever been made, and is the first survey under organized auspices in the southeastern section of our country.

IMPORTANT FACTS LEARNED

There have become evident some simple facts of far-reaching importance in the accomplishment of the desired results. It was soon noted that where there were mosquito larvae, there were no minnows, and where there were minnows, there were no larvae.

We find in our waters, uncounted numbers of a little fish, scientifically known as the *Gambusia Affinis*, very prolific, bearing its young alive, in litters of three to five dozen four times a year. This small fish, never over an inch and three-quarters long, from its small-

BUREAU OF ENGINEERING—(Continued)

est minnowhood, feeds voraciously on the mosquito larvae instinctively and assiduously penetrating the shallowest swamp waters in search of its prey.

This fish is being exported from our tropical waters to all parts of the world for its mosquito wiggler hunting and devouring propensities. Discovering this marvellous minnow in our waters, and learning its wonderful ways with larvae, we decided on a policy of ditching so as to give access to all the stagnant pools, ponds, lakes and lagoons that have heretofore been the breeding area of uncounted numbers of our pestiferous salt marsh mosquito. In other words and simply stated, by means of ditches, we convert the waters of our mosquito breeding areas to the happy hunting grounds of the gambusia and other minnows.

In carrying out this policy, we made a second happy discovery, a simple one, yet one of great value in the furtherance of our object. Our minnow-access ditches demonstrated that, except in seasons of high tide, there is a very appreciable "run off" or drainage, from many of the low places hitherto retaining mosquito incubating waters. This is especially true at low tide, twice daily. Consequently our series of ditches, will materially decrease by drainage alone, the mosquito breeding area of the "island".

PARALLEL DITCHES NEEDED

A third observation followed. The county has areas of large acreage on the island, such as Bear Point to the east of Fort Pierce, Mud Creek area to the southeast, and one or two others. Last September we had a heavy rainfall that inundated the thousand-acre Bear Point area. The river bank dikes supplemented by weeds and grasses, retained this water until the eggs lying dormant in the mud were hatched into larvae, and the larvae developed into mosquitoes. A system of small parallel ditches would have provided a quick "run-off" before this would have taken place, to say nothing of giving our minnow friends access to these schools of wrigglers.

Other discoveries are just ahead. We are observing and theorizing, proving and disproving. We have made some observations that have run absolutely contrary to the accepted conclusions of the experts, and we are now observing certain phenomena that point to as startling consequences in furtherance of our work as the discoveries hitherto made and announced. Different areas present their own peculiar problems, and in consequence need remedial measures appropriate.

During the spring and summer of 1927, at a cost of about \$10,000, the district constructed about 14 miles of ditching. These ditches permit the minnow laden waters of the Indian River to flow into the meandering series of ponds, lakes, lagoons, etc., which, from time immemorial, have held stagnant water and have furnished breeding places for innumerable mosquitoes. There has been done also some side or spur ditching connecting with these main ditches, the

BUREAU OF ENGINEERING—(Continued)

low places adjacent thereto.

The territory covered consists of about six miles in extent, on the "island", easterly of Fort Pierce and about two miles on the mainland north of St. Lucie in the Indrio section. Probably 50 acres of solid mosquito producing area has been definitely removed from that category.

The summer of 1927 was an unusually dry one, and naturally not conducive to a long drawn out venomous mosquito season. However, close observers remember previous dry seasons during which we had more mosquitoes. Also our work has been accorded a positive recognition for results by those who moved about to other points both north and south of us. When other places were badly infested, Fort Pierce and vicinity had only an appreciable fraction of the pest.

WORK IS APPROVED

Out-of-door men, who are the most conversant with the conditions producing the pest, who have watched the progress of the work and who have seen the results already obtained are the most enthusiastic advocates of the effectiveness of the methods we are employing.

During the next few months of favorable weather, and as finances permit, we hope first to extend our main ditch system, where it is needed, to the county line both north and south. Second, beginning at points north and south of Fort Pierce, continue the work of side or spur ditches connecting with the main or arterial ditches the lowlying stagnant water areas adjacent thereto. Third, to inaugurate some system of parallel ditches of very light caliber on the several large areas of the island to provide a quick "run-off" of the occasional deluge of rainfall. Fourth, we shall have to enlist the co-operation of the commissioners of the county, and also of the drainage district, to the end that they do not leave pits along the roads or in the ditches.

Our three counties of the lower Indian River, Martin, St. Lucie and Indian River, are unitedly and in concert, moving along similar lines against the common pest. Progressive men in Brevard and Palm Beach counties are interested and will no doubt organize in 1929, when our next legislature meets. We believe we have a simple solution for the problem, furnished by nature, and that a trial will demonstrate its effectiveness and at a cost so low, compared to the benefits to be derived, as to seem absurd.

The control of the mosquito situation is the most momentous problem facing us, and possesses the most emphatic far-reaching consequences for good. We believe we are on the right track and are confidently and joyfully looking forward to the dawning of a better and mosquitoless day.

LET THE MINNOW DO THE WORK

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****REFUSING ANTITOXIN MAY MEAN DEATH**

Objections to the use of diphtheria antitoxin are answered by Dr. G. E. Jorgensen in *Hygeia* for February. Dr. Jorgensen describes an incident in which a mother refused to call a doctor when her child was seriously ill. She was afraid it had diphtheria, but would not have "a lot of horrid horse serum injected into her child." The poor horses were tortured, she said, and the whole idea was obnoxious to her.

Horses kept for the manufacture of serum are given excellent care. The injection of toxin and removal of the antitoxin later is not painful. The blood is deproteinized, defibrinated and tested for possible contaminating matter. Its injection is no more obnoxious than eating meat and drinking milk, both of which come from lower animals, Dr. Jorgensen says.

This mother was just as guilty of the death of her child as the motorist who runs down a pedestrian in the street. If antitoxin is given in time few children will die. If it is not, their chances of recovery are slight.

— F. H. N. —

OPINION NO. 20: December 31, 1927.

REGISTRATION: MIDWIVES

Section 2 of Chapter 12005, Laws of Florida, Acts of 1927, provides:

"That every person now lawfully engaged in the practice of . . . midwifery and other medical and/or material system of healing and every other person hereafter duly licensed to practice the same shall, on or before the 1st day of January of each year, apply to the Secretary of the State Board of Health for a Certificate of Registration upon a blank form to be furnished by such Secretary and shall pay at such time a fee of One (\$1.00) Dollar."

Section 5 of the same Act provides:

"The Secretary of the State Board of Health shall issue to any duly licensed . . . midwife and others duly licensed by any State Board to practice the medical and/or material healing art upon his application therefore, in accordance with the provisions hereof, a Certificate of Registration under the seal of the Board for the year ensuing and ending December 31st."

BUREAU OF VITAL STATISTICS—(Continued)

Construing these two Sections together, it is apparent that only "duly licensed" midwives are required to apply for a certificate of registration and since there is no statute in the State of Florida at this time providing for the licensing of midwives or the practice of midwifery it is also apparent that Chapter 12005 at present has no application insofar as requiring the registration of midwives is concerned. The obvious purpose of the statute is to provide for the registration of licenses and where no licenses are provided for no registration can be had.

(Signed)—FRED H. DAVIS,
Attorney General.

OPINION NO. 21: January 11, 1928.

REGISTRATION: DENTISTS—PODIATRISTS

Chapter 12005, Acts of 1927, requires registration of every license to practice medicine, osteopathy, chiropractics, naturopathy, midwifery and every other medical and/or material method of the practice of healing art, before the licensee begins to practice.

I am of the opinion that the words: "every other medical and/or material method of the practice of the healing art" as used in this Act are words of general import which are limited by the specifications of the particular words theretofore used and that the principle of *noscitur a sociis* or *eius idem generis* applies and limits the general words to the same class of things as are covered by the specific words.

In short, podiatrists would be required to register as their practice is kindred and similar to the practice of medicine but is limited to a specific portion of the human body.

Dentists on the other hand, can hardly be called practitioners of the same kind of science as ordinary doctors, and, therefore, I think that they are excluded, unless, of course, the practice of dentistry is held to embrace the right to give treatments for human ailments due to correction of dental deficiencies. As I understand the same, some dentists do this and some dentists do not.

It is possible that there might be a distinction between the practice of dentistry and the ordinary practice of medicine. However, if the license of the dentists authorizes, and the practice of his science embraces a certain degree of surgery and therapeutic treatment such as would ordinarily be administered by a physician, a dentist would be as much within the requirement to register as would the podiatrist. As to dentists the question should be determined by a consideration of what the dentist is licensed to do under the rules and regulations of the Dental Board and the laws of Florida.

(Signed)—FRED H. DAVIS,
Attorney General.

BUREAU OF VITAL STATISTICS—(Continued)

OPINION NO. 22: January 20, 1928.

**REGISTRATION: ELECTRO-THERAPEUTISTS—
PROFESSIONAL MASSEURS.**

Section 2 of Chapter 12005 requires all persons engaged in the practice of naturopathy to register with the State Board of Health. Section 1 of Chapter 12286, Acts of 1927, provides for the licensing of naturopaths. The practice of naturopathy is defined as including electro-therapeutics and would also seem to include professional masseurs, which practitioner would fall under the classification of those engaged in the practice of material health science used to aid in the purifying, cleansing and normalizing of the human tissues for the preservation of, and restoration of health.

Construing these two laws together it would appear that persons engaged in the practice of electro-therapeutics as well as professional masseurs are engaged in the practice of naturopathy and are, therefore, required to register as such under Chapter 12005, Acts of 1927.

(Signed)—FRED H. DAVIS,
Attorney General.

OPINION NO. 23: February 3, 1928.

**REGISTRATION: ELECTRO-THERAPEUTISTS—
PROFESSIONAL MASSEURS.**

Answering your letter of February 2nd, requesting my opinion as to the status for registration of electro-therapeutists and professional masseurs, it seems to me clear from the provisions of Chapter 12286, Acts of 1927 that all electro-therapeutists and professional masseurs should have a certificate as such from the State Board of Naturopathic Examiners before they exercise the right to practice their respective professions as such if these two sciences use mechanical, psychological or material health sciences and to aid in purifying, cleansing and normalizing human tissues for the preservation or restoration of health according to the fundamental principles of anatomy, physiology, and applied psychology as it is apparent that they do.

Of course, if the Naturopathic Board of Examiners has not issued any license to electro-therapeutists and professional masseurs the provisions of Chapter 12005, Laws of Florida, requiring them to register certificates cannot be applied as the purpose of Chapter 12005 was to secure the registration of all professional certificates relating to the healing art as a means of checking up on those who are practicing without any certificate as required by law.

(Signed)—FRED H. DAVIS,
Attorney General.

LABORATORY,
2511 H. & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 20

APRIL, 1928

No. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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ADMINISTRATION
B. L. Arms, M. D., State Health Officer
HEALTH*

What is more precious and at the same time more neglected than our health?

A few days ago, there came to my desk a copy of the weekly publication of the California Department of Public Health and in the first article was a quotation from Thomas Carlyle that read: "The healthy know not of their health, but only the sick".

How true this is—but why should it be. Of all the forms of wealth that may come to mankind there is none that is of as great value.

The article spoken of also contained the following from an unknown source:

"He spent his health to gain his wealth,
And then by might and main,
He turned around and spent his wealth
To get his health again."

There has been a great deal said and written about the men responsible for the upbuilding of this great State and probably all will agree that the names most prominently mentioned as builders of Florida are those of Plant, Flagler and Warfield. They did a great deal for the benefit of the State, but to my mind, there is one name that outranks their's as a real Florida builder, nor would I detract one iota from the debt we owe others for their deeds, as they opened vast areas that are now homes for thousands and they inspired others by their example, vision and investments.

To my mind the name that should be placed above all others as a builder of Florida is that of the late Dr. Joseph Y. Porter who served as State Health Officer from 1889 until 1917.

While the railroad builders opened up lines of communication and made it possible to get Florida products to market and to bring in needed supplies, Doctor Porter, by his work, made this a state in which people could live in safety. Some of us can remember the time when yellow fever was a regular visitor in this state as well as in all the southern states, but Doctor Porter, putting into operation the means of control that followed the discovery of the mode of transmission of the disease, freed the state from that menace, and by this act alone, probably contributed more to the prosperity of the State than any other single individual.

However, his contributions to posterity were not confined to this alone for he built up an organization that is endeavoring to carry on as he would wish.

He began at the foundation and built wisely. He saw the need for laboratory aid in carrying on public health work and the laboratories of the State Board of Health are today doing a tremendous amount of work for the state. He realized the need for proper records of births and deaths; the Bureau of Vital Statistics was added and for

* Read at Florida Chautauqua, Keystone Heights, March 9, 1928.

ADMINISTRATION—(Continued)

some years Florida has been in the U. S. Registration Area for both births and deaths.

It was he who established the Engineering Bureau of the State Board of Health that there might be expert advice and control over water, sewerage and sewage disposal, pollution of streams, sanitation and mosquito control.

These are some of the legacies he gave to his State and are a great incentive to those of us who are now engaged in the great task of keeping it a safe place for not only her citizens but also for the great numbers of people who spend only a part of their time in this wonderful State that is as yet far from being known to the great mass of population of the United States other than in a general way.

A comparatively small percentage of the people realize that this is the second largest state east of the Mississippi or that the trip from Key West to Century means a ride of over 900 miles. The popular conception of the Everglades would experience a severe jolt if one took a trip to such communities as Canal Point, Belle Glade, Clewiston, Moore Haven and others and remember that health work made them possible.

The work of the State Board of Health is now handled by six Bureaus that will be discussed briefly. Administration includes the general correspondence and correlation of all bureaus, accounts and orthopedic department.

In order that each department head may know just what every one of the Bureaus is doing and how best to assist each other and thus the State, a weekly conference is held and all matters of interest to each or to the others are fully discussed. Thus, each one knows the program of all and in this way we can give better service to our employers—the citizens of the State, for every tax payer in the State is one of our employers and we desire to serve each and every one of them to the best of our ability and to the limit of our funds.

The Bureau of Communicable Diseases is the successor of the Assistant State Health Officer and its function is to prevent as far as possible the spread of communicable diseases, hence, a great portion of its endeavor is directed to immunization campaigns, for there are, as you all know, certain diseases that no one need have unless he so desires. Smallpox and diphtheria are good examples of these for it lies in the power of each individual to determine if he or his children will be susceptible to these diseases should they be exposed.

The laboratories of the State Board of Health make examinations of specimens for the diagnosis of any disease or condition of a bacteriologic, serologic or parasitic nature, dangerous to the public health.

The number of examinations made by the laboratories has increased approximately 400% in the past ten years.

The laboratories also handle the biologics furnished by the State, including diphtheria antitoxin for therapeutic use, Schick tests for the determination of the susceptibility to, and toxin antitoxin for the immunization against diphtheria, vaccine virus for the prevention of

ADMINISTRATION—(Continued)

smallpox, typhoid vaccine for the prevention of typhoid and anti-meningococcus serum for the cure of cerebro spinal meningitis. All these are for free distribution. The central laboratory at Jacksonville also has on hand treatments for the prevention of rabies in humans and these are furnished at cost except when the physician certifies that the patient is indigent and that he is receiving no pay for the administration when this, too, is free.

The Bureau of Vital Statistics receives and files the records of births and deaths, also, marriages and divorces, the law for filing the latter having gone into effect last June.

Florida was admitted into the U. S. Registration Area for deaths in 1919, and into the Area for births in 1924. All certificates are filed, bound and indexed, thus making it possible to refer to any without loss of time. They are kept in a fire-resisting vault; hence, are permanent records, certified copies of which are frequently needed for various legal requirements, such as to establish age, or cause of death. Over seventy thousand original records were filed with the Bureau in 1927.

The Bureau of Engineering was added in 1916 and the demands for its services have increased rapidly. To this Bureau are referred all requests for aid in establishing or improving water supplies, sewerage question, those relating to sanitation of all kinds, and tourist camps.

As an illustration of the growth in demand, let me cite the fact that for the first two months of this year, there were more examinations made of city water than were asked for during the year 1924. Over a hundred cities have their own water shipping cases and submit samples monthly.

Not a tourist camp is certified until after a thorough examination into site, water supply and equipment, and, of course, frequent re-examinations are made to insure safety for all.

The work of the Bureau of Child Hygiene and Public Health Nursing is divided into two services, Sheppard-Towner and Rural School.

The scope of the Sheppard-Towner branch is that pertaining to maternity and infants including prenatal and postnatal instruction and education as to the care of infants and preschool children.

A necessary part of this service is the instruction of midwives. Since the establishment of this Bureau, the number of midwives has been cut about 50 % and we trust that the time may come when every expectant mother will be under the care of a physician through the period of pregnancy and at delivery, and that the present high death rates among mothers and infants may be lowered.

The rural school nurses visit the one and two teacher country schools and make inspections of the pupils referring them to their physicians when abnormalities are suspected or found; they do not make a diagnosis. When abnormalities are discovered, the home of that pupil is visited and the parents are urged to take him to their physician.

ADMINISTRATION—(Continued)

This is a very sketchy review of the work we are engaged in. The need is great and it is our duty to safeguard not only our citizens but also those whom we invite to come who must be convinced that every safeguard they have been given at home will be extended here. As each year we have a number of people from every State, and great numbers from some of them, it means that any condition present in any state may be brought here and we must be prepared to control it. It is a great responsibility and the State will give its people all the care and protection that can be secured by the judicious use of the funds at its disposal.

We realize that there are many other problems that need attention and trust that in the near future we may be able to include them in our program.

Does it occur to you that community health is but the sum total of the health of each member of that community and that the sanitation of any city or town is but the composite of the sanitation of the individual premises?

Every one of us has his part to play in the health of our city, county, state and nation. Let us all work together and make this a state known by all as one that realizes that the health of her citizens is her greatest asset and demonstrate that it is within our power to protect the health of our citizens and all who come within our borders.

— F. H. N. —

The military axiom that an army is only as strong as its reserves, reduced to civil terms, might well read: "A citizenry is only as healthy as its children."

It has been the custom for some years to celebrate May Day as children's day, with the idea that by focusing the attention of all on them, for even a day, the result would be the broader view that has developed.

While the first of May is still called Every Child's Day, the thought for them is a continuing one and it has resulted in a great interest in the May Day celebrations.

As an illustration of the benefit to the children—and hence the community—in one Florida city, a parade was held last May Day and over 600 children were in line, no child being in the parade who had not been vaccinated against smallpox and who was not immune to diphtheria as shown by the Schick test or by having taken toxin antitoxin.

An interest in the children has been created, and what is fully as important, the parents have been aroused to a sense of their responsibility and the realization that any disease that affects other children endangers their own children as well. This has resulted in all year round programs being carried on in many localities.

Greater interest is being shown in the preparation of children for their first entrance to school that they may reap the full benefit of their opportunity for education.

Is it too optimistic to predict that the time will soon come when only a small minority of those entering school for the first time will do so in such physical condition that they will not be able to make the most of those precious school years? Cooperation will do it and I believe it will be done.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director****SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH****DURING THE MONTH OF FEBRUARY, 1928****Bacteriological Examinations**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1757	1389	25	176	23	3370
Diphtheria	992	368	22	233	2	1617
Typhoid	178	84	16	32	26	336
Malaria	167	66	15	20	35	303
Rabies	20	1		4		25
Tuberculosis	208	84	6	31	15	344
Gonorrhoea	298	188	26	113	17	642
Wassermann	2756	862				3618
Water: Bacterial Ex.....		48		99	4	151
Water: Chemical Ex.....		452		123	4	579
Milk: Bacterial Ex.....	35	122	39	254	35	485
Milk: Chemical Ex.....	36	122	39	501	35	733
Miscellaneous	80	27	5	59		171
	6527	3813	193	1645	196	12374

Specimen Containers Distributed 7268

BIOLOGICAL PRODUCTS DISTRIBUTED**DURING FEBRUARY, 1928**

Diphtheria Antitoxin.....	10,000 units	107 Packages
	5,000 units	59 Packages
Toxin Antitoxin.....		5,481 C. C.
Schicks.....		8,400 Tests
Typhoid Vaccine.....		3,405 Treatments
Vaccine Virus.....		3,732 Capillaries
Antimeningococcus Serum....		10 Cylinders
Antirabic Virus.....		27 Treatments
Carbon Tetrachloride.....		3,073 Capsules

— F. H. N. —

On February 6th, the Director of the Bureau of Communicable Diseases attended a splendid meeting of the Columbia County Medical Society at Lake City, and on the 10th he was privileged to meet with the Suwannee River Medical Society. An excellent scientific program was provided. Attending medical society meetings enables the doctors to render better service to their communities.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****DOG DAYS ARE NEAR**

It may be true that every dog has his day but the mythical dog days—the hot days of summer have little to do with the prevalence of:

HYDROPHOBIA

If the disease is more prevalent in summer in certain sections, it is because weather conditions are more suitable for animals to be abroad and because men and animals are so thinly clad that injury from bites is facilitated.

Rabies, or hydrophobia, may occur at any time of year. It never develops spontaneously but is transmitted with the saliva of rabid animals and inoculated into open wounds, usually those produced by the rabid animal biting its victim, but any wound offers an entry for the virus.

Valuable dogs and other animals are needlessly sacrificed every year on account of rabies. Each year many humans have to submit to the discomfort and bear the expense of antirabic treatment after being bitten, and now and then, a human life is taken by the disease of which we all have such a horror.

The dog may be the most faithful among the friends of man and quite worthy of all kindness. There is nothing to justify inhumane treatment of any animal but if we pause and think, can we not realize that there are dogs and dogs—the well-fed, well bred and trained canine is truly a friend to his owner but often not so to the neighbors. The stray, neglected animal is never a friend to anybody but, particularly, an enemy to man and beast because his nomadic life exposes him to infection, which he is prone to broadcast far and wide.

Our humane societies "put to sleep" in a merciful manner the friendless animals brought to their attention. Is that not better than to let them live on in misery, a menace to valuable home-kept animals and to all mankind, especially little children, who are sometimes horribly bitten by strays or even by their own dumb protectors gone mad from bites received, perhaps, while guarding the lives of their little masters.

It should not, but it often does, take a calamity to awaken communities to a danger ever present but not in evidence.

The simple expedient of destroying all dogs that are allowed to run at large without muzzles would eliminate danger and save a vast expenditure of money for necessary and useful purposes. Antirabic vaccination of dogs, though useful, is not yet a sure preventive.

Do you want your children and their pets protected? What is your city doing? Is there an ordinance that requires all dogs running loose on the streets to be securely muzzled? You are a part of the government; adequate laws will be enacted and enforced if the people demand it. Do not let sentimentality displace your judgment of what is **REALLY HUMANE**.

BUREAU OF COMMUNICABLE DISEASES—(Continued)**WHY DOCTORS SHOULD REPORT**

The law requires doctors, hospital superintendents, teachers of public and private schools, Sunday schools, nurses, midwives, parents and householders to report to the State Board of Health all communicable and certain other notifiable diseases. This is not

THE CHIEF REASON FOR REPORTING

The State Board of Health collects and studies certain data, the value of which is not evident to persons sending in reports, but which often proves immensely helpful in finding the cause, and means, of preventing human suffering. The State Board of Health has not the means to visit and take action on every case of communicable disease but complete reporting would give us a bird's-eye view of health conditions in the State and enable us to act where our efforts would be most effective.

Report cards that do not require postage are furnished on application to this Bureau. It takes but a few moments to fill them out and mail. Cooperation is a splendid word but it takes at least two parties—YOU and the State Board of Health.

— F. H. N. —

PNEUMONIA IS COMMUNICABLE

Because germs seemingly identical with those of pneumonia are often found in the throats of well people, it has been supposed that the disease developed only when the resistance was lowered by some other illness or hardship. It is now conceded that the virulent germs are found most commonly in the sputum of pneumonia patients and that unnecessary contact with them is to be avoided.

— F. H. N. —

SOAP AND WATER WONT HURT SKIN, SPECIALIST SAYS

Skin specialists are inclined to look on with amused toleration at the complexity of oily substances with which the modern woman arrays her dressing table for the purpose of improving her skin. Most of them are unable to conceive of any logical reason why the skin should not be washed at least twice a day, using water, a considerable amount of vigor and a mild soap, says an editorial in *Hygeia*.

Dr. W. J. McDonald is convinced that the skin of the average man is superior to that of the average woman. He connects this observation with the fact that most men shave daily, using soap and hot water, and that they rarely use cold cream for cleansing the skin.

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MAKING THE MAY DAY PROGRAM EFFECTIVE

"A little door, a green door, is building on the hill
For weeks I've heard the tapping of small hammers on the sill,
And today I saw the door knob was a daffodil.
Another dawn, another day, if skies hang blue,
I'll see the door fly open—You'd best be watching too!
For April is the green door that loveliness comes through."

—Katheryn Worth.

Even now good Mother Nature has her three dependable fairies, Southwind, Warm Rain, and Shining Sun, at work trying to wake all the flowers from their winter slumbers and clothe them in their new and colorful garments, to help make the world glad.

How much our children resemble the spring flowers, in beauty, and in that they need light, air, warmth, and loving kindness. Let us all join forces for May Day—our Child Health Day—and make it our aim to help poor overworked Mother Nature with our precious living flowers. We do not want to confine this to May Day alone, but on May Day 1929, we want to look back proudly to the year's work which began on May Day, and again start forward for another year with new and bigger plans.

I must be fit for a child to follow,
I must be fair as I'd have him be;
I must come home to him day by day,
Clean as the morning I went away.

There can be no double standards when it comes to fitness for parenthood. If children were allowed to choose their parents, would it not be terrible to find them choosing new parents—possibly because they would receive better food, cleaner surroundings, regular habits, educational privileges, and home love? Will Rogers says, "If your fertilizer is not agreeing with your land the Government will send a specialist, but if the food is not agreeing with the baby we have to find out what's the matter by ourselves, and lots of times parents mean well but don't know much." Don't experiment with your children's health, but follow health rules and preventive measures and experiments will not be necessary.

Would we not be proud to say that our beloved Florida had every child vaccinated against smallpox and diphtheria, every school-age child in school every day, and all defects corrected?

We hope in all May Day programs this year, that three things can be stressed. First, beauty in play. Good healthful exercises, as well as drawing on the imagination, will help to add beauty. Second, health in play. Children always react more readily to play than to serious matters; adding health to their amusements will impress health on their minds. Third, to give responsibility to each

child for some growing thing and the care of it. If children are taught to protect and care for flowers, plants, birds, or chickens, they will not then wish to destroy and harm them. How better could we teach them than to have a few rows of vegetables or flowers? They learn how the plant develops and grows, as well as the care it needs. Many children have learned to eat the green vegetables by raising them.

Instead of having May Day as one day to give attention to children's health, let us join forces and use May Day as a beginning for a whole year for perfect health for our children and our neighbor's children.

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

The Florida State Board of Health promulgates the following rule for the preservation of the public health of the State of Florida; made pursuant to authority by law in said Board vested.

RULE NO. 96

GOVERNING THE IMPOUNDING OF WATERS AND MAINTENANCE OF SUCH ARTIFICIALLY CREATED BODIES OF WATER WITHIN OR TOUCHING THE STATE OF FLORIDA, AND PROVIDING FOR THE ENFORCEMENT OF SAME.

Sec. 1. No person, persons, firm, corporation, municipality, company or club shall impound or cause to be impounded any body of water within the State of Florida or partially within the State of Florida, whose surface area shall exceed one acre, without first securing written permission from the State Board of Health which permission shall only be granted after a thorough investigation and report on the project.

Sec. 2. No permission to impound any water exceeding one acre in surface area, shall be granted by the State Board of Health, unless the applicant or said commission shall agree and his assigns be forever bound to carry out in full detail the specific recommendations laid down in the report by the State Board of Health as deemed necessary for the preservation of the public health or necessary to prevent the increase in malaria in the vicinity.

Sec. 3. The State Board of Health shall from time to time make such inspections of the impounded water project and adjacent area as deemed necessary, and any conditions found on said project which are or may be detrimental to public health or likely to cause an increase in malaria fever, shall be remedied to the satisfaction of the State Board of Health by the permit holder upon receipt of official notification from the State Board of Health.

Sec. 4. This rule shall become effective May first, 1928.

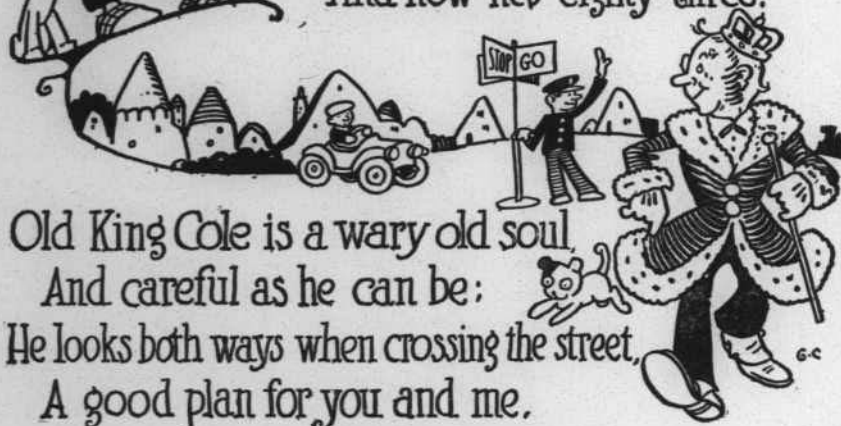
Sec. 5. Violation of this rule of the State Board of Health made by it in pursuance of Chapter No. 5931, laws of Florida, shall constitute a misdemeanor punishable upon conviction by imprisonment not exceeding 30 days or a fine not exceeding \$50.00.

Passed this fourteenth day of February, 1928.

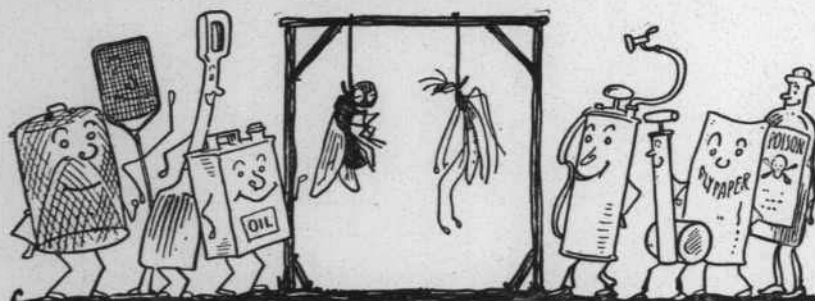
A PAGE for the CHILDREN



Old King Cole is a merry old soul
And a healthy old soul is he;
He breathes fresh air and eats good food
And now he's eighty-three!



Old King Cole is a wary old soul
And careful as he can be;
He looks both ways when crossing the street,
A good plan for you and me.



SWAT ONE IN TIME — PREVENT 999

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director



On the following pages, a table will be found indicating the total number of deaths (including non-residents), and non-resident deaths by counties and by color, for the calendar year 1927. A total of eighteen thousand one hundred forty-three (18,143) persons died in Florida last year. Of this total, six hundred twenty-eight (628) repre-

sents deaths of non-residents. Considerable comment has been made on the large number of deaths among non-residents in the State. From the information given on original death certificates, it would appear that about three and one half per cent of the total number of deaths occurring in the State are specified as non-resident. The major part of the non-residents are among the white population and the records indicate that five per cent of the deaths among the whites are non-residents.

The wealth and prosperity of a nation can be no better promoted than by creating a healthy environment and by education in public health matters. An elaborate tabulation of all deaths is made annually as to causes of death, age, etc., in a constant endeavor to discover those diseases which seem especially hazardous or predominant and to eradicate the cause or causes. The death rate for 1927 in Florida per thousand population was 12.5. The latest figures available from the United States Bureau of the Census are for the calendar year 1926. A death rate of 12.2 per thousand population was recorded in the United States Registration Area for that year, which represented forty-one states and the District of Columbia and twenty-five cities in non-registration states, or 89.8% of the estimated population of the entire United States.

The total number of deaths by years and by color are listed below:

Year	Total	White	Colored
1927	18,143	10,857	7,286
1926	20,029	12,138	7,891
1925	16,832	10,150	6,682
1924	15,797	9,258	6,539
1923	14,074	8,334	5,740
1922	12,465	7,455	5,010
1921	11,764	7,002	4,762
1920	12,674	7,528	5,146
1919	11,830	7,066	4,764
1918	16,031	9,389	6,642
1917	11,992	6,881	5,111

The books for 1927 were closed recently and as soon as the tabulations are completed the Health Notes will contain data on births, infant mortality and deaths from principal causes.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Counties—1927.

COUNTIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
0. State.....	18,143	10,857	7,286	628	552	76
1. Alachua.....	480	207	273	18	12	6
2. Baker.....	66	37	29	2	2	0
3. Bay.....	129	91	38	3	3	0
4. Bradford.....	96	72	24	1	0	1
5. Brevard.....	156	99	57	13	9	4
6. Broward.....	210	124	86	12	11	1
7. Calhoun.....	60	43	17	0	0	0
55. Charlotte.....	59	38	21	5	2	3
8. Citrus.....	61	30	31	1	1	0
9. Clay.....	79	52	27	3	3	0
62. Collier.....	17	17	0	0	0	0
10. Columbia.....	273	152	121	24	20	4
11. Dade.....	1,530	990	540	77	69	8
12. DeSoto.....	148	109	39	21	19	2
56. Dixie.....	32	17	15	0	0	0
13. Duval.....	2,292	1,054	1,238	206	149	57
14. Escambia.....	685	413	272	29	22	7
53. Flagler.....	12	6	6	1	1	0
15. Franklin.....	72	31	41	2	0	2
16. Gadsden*.....	762	352	410	10	7	3
64. Gilchrist.....	21	18	3	0	0	0
57. Glades.....	17	12	5	0	0	0
65. Gulf.....	28	15	13	0	0	0
17. Hamilton.....	131	55	76	1	0	1
58. Hardee.....	100	79	21	0	0	0
63. Hendry.....	20	17	3	0	0	0
18. Hernando.....	78	52	26	1	1	0
59. Highlands.....	122	74	48	3	3	0
19. Hillsboro.....	1,761	1,224	537	129	107	22
20. Holmes.....	96	83	13	1	1	0
66. Indian River.....	64	40	24	2	2	0
21. Jackson.....	323	168	155	5	4	1
22. Jefferson.....	203	48	155	2	2	0
23. Lafayette.....	38	31	7	0	0	0
24. Lake.....	278	179	99	18	15	3

* State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Counties.—1927.—(Continued)

COUNTIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
25. Lee.....	178	115	63	29	25	4
26. Leon.....	246	95	151	19	10	9
27. Levy.....	135	71	64	3	3	0
28. Liberty.....	35	23	12	0	0	0
29. Madison.....	190	82	108	0	0	0
30. Manatee.....	305	184	121	8	7	1
31. Marion.....	443	220	223	27	13	14
67. Martin.....	68	43	25	1	1	0
32. Monroe.....	242	168	74	3	2	1
33. Nassau.....	108	29	79	2	1	1
34. Okaloosa.....	92	74	18	2	2	0
54. Okeechobee.....	27	23	4	0	0	0
35. Orange.....	703	499	204	87	80	7
36. Osceola.....	174	141	33	1	1	0
37. Palm Beach.....	553	345	208	32	24	8
38. Pasco.....	167	130	37	7	6	1
39. Pinellas.....	828	656	172	122	122	0
40. Polk.....	699	491	208	43	39	4
41. Putnam.....	297	127	170	21	7	14
42. St. Johns.....	300	173	127	30	25	5
43. St. Lucie.....	80	56	24	7	7	0
44. Santa Rosa.....	104	83	21	1	0	1
60. Sarasota.....	146	100	46	23	18	5
45. Seminole.....	265	97	168	11	9	2
46. Sumter.....	91	58	33	1	1	0
47. Suwannee.....	195	103	92	1	1	0
48. Taylor.....	101	48	53	1	0	1
61. Union.....	85	47	38	1	1	0
49. Volusia.....	509	361	148	29	25	4
50. Wakulla.....	68	33	35	0	0	0
51. Walton.....	128	101	27	2	2	0
52. Washington.....	82	52	30	1	1	0

LIBRARIAN HYGIENIC,
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A MAY DAY GROUP



ALL FLORIDA

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 20

MAY, 1928

No. 5

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Communicable Diseases
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Child Hygiene and Public Health Nursing
Accounting
Crippled Children

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PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

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NATURE'S BOUNTY

How prone we are to accept the blessings of nature without a thought of what they mean to us.

Of course, there are a great many of our citizens who know no climate but this and fail to realize that in parts of our glorious country winter is but just gone. While we have been having fresh vegetables for months, those in the northern tier of states are just making their gardens and even now some of the vegetables will suffer from the cold in many places.

Fresh air is a wonderful medicine and we in Florida can enjoy it day and night the year round for we can sleep on our porches all winter and work with open windows daily. Thousands come to Florida to play in the open as well as to hunt and fish during the winter months and they are coming earlier and staying later than was the custom even five or ten years ago. Five years hence, they will stay even later as all too many go back to the colder climate of the northern states only to contract pneumonia which so frequently ends fatally—each spring adds its quota to this list.

Fruits from the groves and vegetables from the gardens all winter long—think what it means to the citizens of the state as well as to our visitors. Certainly, they can be obtained from the best markets in the larger cities but what a difference when they come to us perfectly fresh.

— F. H. N. —

LEGION FOSTERS REHABILITATION MOVEMENT

The Florida Department of the American Legion at its 1928 annual conference voted unanimously to undertake a survey or census of every crippled person and blind person within the state. They realize that in order to do this they must enlist the aid of every civic and welfare organization possible. Those engaged in health work come in contact with a large percentage of our disabled population. You are urgently requested to report the name and address of every crippled person whom you know, to the nearest Legion Post Commander. Your assistance will materially help the Legion in this worthy undertaking. It is the wish of the State Department of the American Legion to foster a movement which will eventually result in adequate provision for treatment and rehabilitation of every disabled person through the state.

For detailed information write to the State Child Welfare Committee of the American Legion of Florida, Judge W. S. Criswell, Chairman, 101 Law Exchange Building, Jacksonville, Florida.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****COMMUNICABLE DISEASES**

During 1924 in the list of communicable diseases reported to the New York State Department of Health, the venereal diseases ranked second only to measles. It is estimated that at least 10% of the total population of the nation is infected with venereal diseases, which are frequent causes of sterility, blindness, insanity, paralysis and many other infirmities and the loss of earnings, cost of treatment and custodial care is enormous.

Accurate data are difficult to procure but we all know that the venereal diseases are all too prevalent and, since they result directly or indirectly from misconduct, we must depend largely on high moral standards for their control. Medical, legal and protective measures, each has its particular value but high standards of personal conduct and an environment clear of vicious influences are essential.

Of particular value are the supervised social and athletic activities that promote wholesome associations between young men and young women and afford them opportunity so to develop in physique and personality that they may realize the greatest ambition of youth, the enjoyment of a happy home with bright children to love and to gladden their hearts.

It is held by the U. S. Public Health Service, the American Social Hygiene Association and most official and volunteer health agencies that the segregated district and monthly medical examinations of the inmates do not prevent but rather increase delinquency and the associated infections.

We believe that parents should take their children to the family physician for immunization against diphtheria, smallpox and typhoid. The parents would show their good faith and conserve their own best interests by being vaccinated and taking the typhoid inoculations themselves.

The thousands of immunizations accomplished in recent years by the State Board of Health should convince all of the value and harmlessness of these procedures. We want local physicians to do as much as possible of this work but continuation of the free demonstrations in schools and other groups will probably need to continue. Protection is within the reach of all and when a case of either of the above named diseases occurs, it is due to some person's prejudice, ignorance or neglect.

Again, may we emphasize the fact that diphtheria is essentially a disease of early childhood. Ninety per cent of the deaths occur in children under ten. Every child between the ages of six months and six years should receive the protection of toxin-antitoxin. Children of school age should be Schick tested and those found susceptible should be immunized.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

SAYS ARTHUR BRISBANE: "Smallpox is raging in Mexico, 650 deaths within a few days in the state of Jalisco. Investigation will show that inhabitants of that region do not believe in vaccination. They call it scientific folly or have superstitious fear of it."

— F. H. N. —

**PASTE THIS IN YOUR BATHROOM
CREEPING ERUPTION**

(A warning)

CREEPING ERUPTION is seen at all seasons but is most prevalent from May 1st to November 1st, and the greatest number of cases occur following periods of rainy weather. This distressing eruption is characterized by tortuous lines, the burrow of a worm as it wanders about in the skin as a mole does in garden soil. The line advances from day to day, may cross and re-cross itself and there is intense itching which often leads to further injury and infection from scratching.

There is yet much to learn about the life history of this minute worm but its favorite haunts are in wet ground and mud puddles, particularly where there is decaying vegetation and refuse, from stable yards, drain pipes, etc. Those especially likely to become host to these persistent and troublesome parasites are children going barefoot or sitting on muddy ground and wading in puddles, plumbers working under houses or on soil long contaminated from leaky drain pipes, motorists who "get out and get under" lying on the damp roadside soil and perspiring while adjusting the under parts of the car and gardeners working in damp soil enriched with stable fertilizer.

Precautions

Many will avoid torture and even illness from creeping eruption by avoiding contact with wet and especially dirty wet ground. A thorough bath and change of clothing immediately after such contact will be of decided value and in the interest of small children this detail merits the special attention of parents.

For the early recognition and safe treatment of this and other diseases, your family doctor should be consulted. Self-medication is often very expensive and dangerous.

For his careful study of the cause and treatment of creeping eruption, we are under lasting obligation to Dr. J. L. Kirby-Smith.

— F. H. N. —

Dr. Henry Hanson, Field Medical Officer, has resumed his duties having recovered from a severe attack of pneumonia. His headquarters are now at Pensacola.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF MARCH, 1928.

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2896	1297	29	168	23	4413
Diphtheria	427	238	16	503	3	1187
Typhoid	270	103	20	19	26	438
Malaria	243	83	21	20	35	402
Rabies	19	10		1		30
Tuberculosis	208	93	16	28	9	354
Gonorrhoea	303	164	13	112	9	601
Kahn Reactions	3169	1229				4398
Water: Bacterial Ex.....		697		113	4	814
Water: Chemical Ex.....		25		105	4	134
Milk: Bacterial Ex.....	57	163	39	319	9	587
Milk: Chemical Ex.....	57	163	42	636	9	907
Miscellaneous	70	41	66	32	3	212
	<hr/> 7719	<hr/> 4306	<hr/> 262	<hr/> 2056	<hr/> 134	<hr/> 14477

Specimen Containers Distributed 10563

BIOLOGICAL PRODUCTS DISTRIBUTED

DURING MARCH, 1928

Diphtheria Antitoxin.....	10,000 units	105 Packages
	5,000 units	8 Packages
Toxin Antitoxin.....		6,042 C. C.
Schicks.....		4,350 Tests
Typhoid Vaccine.....		2,972 Treatments
Antimeningococcus Serum.....		9 Cylinders
Vaccine Virus.....		6,489 Capillaries
Antirabic Virus.....		61 Treatments
Carbon Tetrachloride.....		4,088 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY
STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Mrs. Laurie Jean Reid, R. N., Director****HOW ABOUT CAMPING THIS SUMMER?**

Come with me to out-door land,
Let us form a Gypsy band,
We will wander far away
And be happy all the day.
Learn to keep the laws of Health
Then we'll have our share of wealth.

What man, woman, boy, or girl has never longed to camp? Could anything be more restful than to leave all care and worry behind and go to the seashore, woods, or near a lake and just rest? Haven't we all at some time or other in our lives sat on the bank of some peaceful stream and wished we could follow it to its very source. How we do enjoy lying on the ground in the deep woods watching a moth eat its way out of its cocoon to live in this world for one short season. Still more interesting to be in the shelter of a group of trees at dawn and hear the sleepy birds begin to chirp, the sun rays tint the sky and presently shine brightly through the leaves, and all earth seems to stir and waken to a new day.

Your child will enjoy camping this summer if he or she is not handicapped by going unprepared. Plan ahead for your child to be physically fit. Have defects corrected now, so he will not have to suffer toothache, tonsilitis, or other preventable sufferings. Have your doctor give him the prophylactic treatments for smallpox, diphtheria, and typhoid fever. It is a disgrace to parents to allow their children to have these diseases, when they are preventable.

Arrange for proper clothing for camping. A child cannot enjoy anything when dressed in frills and fancy clothes. If he is going to an organized camp, the list of necessary clothing will be given you. If not to an organized camp, then send clothes with him that will not hamper him on hikes and outdoor amusements. Such clothes as bloomers, or knickers of khaki or other serviceable and washable material; sox or stockings of wool or cotton; heavy soled shoes with broad toes and low heels; washable blouses or middies and plain cotton underwear.

By living in camp, you soon discover you have to consider your comrades and smile at your discomforts and difficulties. One cannot live in a camp and be selfish if one is going to be happy. The best plan is to leave bad temper at home, and take only good temper to camp.

In choosing a camp site, be sure it is high enough to have good natural drainage, and well above any chance overflow from the sudden rise of a neighboring stream. Have drinking water analyzed. Have plenty of wood that will burn, and try to arrange to get whatever breezes may blow.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

A few things to remember at camp are:

Eat plain, wholesome food.

Eat only at meal time.

Drink plenty of pure water.

Sleep at least ten hours.

At least one bowel movement every day.

A daily bath.

Some open air exercise every day.

Eat green vegetables every day.

Drink no coffee or tea.

Brush your teeth twice a day.

"Once when a low and simple prayer went lifting toward the sky, an elm tree talked with God."

—Laxie Dean Robertson.

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

ENGINEERING ABSTRACTS

Florida Anti-Mosquito Association meeting:

The sixth annual meeting of the "skeeter chasers" of Florida was held in Jacksonville on March 29th at the George Washington Hotel. With expectations of a turnout of about forty the local committee had arranged for the use of a small room for meetings and luncheon. When 80 delegates appeared, the meeting was adjourned to larger quarters. An examination of the register indicated that 27 Florida cities had representatives present while the city of Havana, Cuba, had its health officer, Dr. Adolf E. de Aragon, present. Moreover, the entire Martin County Mosquito Control Commission, headed by J. B. MacDonald, was present. St. Lucie County Mosquito Control Commission was represented by Wm. I. Fee and Norman Platts. Indian River County Mosquito Control Commission was represented by Alex McWilliams and W. B. Shaffer. The Florida Federation of Women's Clubs was represented by Mrs. Ethel T. Porter of Stuart, Chairman of Public Health. The Seaboard Air Line Railway had six men in attendance headed by T. W. Parsons, Division Superintendent. The following cities were represented: Jacksonville, Dr. M. B. Herlong, Commissioner of Health and Sanitation; Dr. N. A. Upchurch, City Health Officer, Nelson M. Fuller, Sanitary Engineer and Inspectors R. B. Whitaker, A. A. Spink, W. J. Waters, L. B. Thompson. Tampa: Dr. C. W. Bartlett, City Health Officer. St. Petersburg, Dr. J. N. Hornbaker, Chief of Sanitation, P. A. Scudder, Sanitary Officer. Clearwater, G. W. Worden, Sanitary Inspector. Miami Beach, Ed R. Neff, City Engineer. Miami, J. W. Davis, Chief Sanitary Inspector, J. F. Koger, Inspector. Tarpon Springs, Harry McCreary, City Manager. Lake City, L. C. Dennis, Sanitary Inspector.

BUREAU OF ENGINEERING—Continued)

Palm Beach, Mr. and Mrs. C. G. Donnelly. Hollywood, S. D. Macready, Director of Health. Daytona Beach, W. A. Brunson, Chief of Sanitation. Jensen, J. J. Pitchford. Tallahassee, Ford Thompson, Chief Sanitary Officer. Madison, J. E. Embree, Sanitary Inspector. Salerno, Louis L. Hill. St. Augustine, Sam J. Wolfe, Chief Sanitary Officer. Winter Haven, L. J. Lynch, Sanitary Officer. West Palm Beach, Dr. Frank Allen, K. F. Schmidt. Palatka, Miss Frances Jones, Putnam County Nurse. Sanford, Dr. E. D. Hall and W. S. Stone. Jacksonville Beach, A. A. Stoddard. Ocala, S. E. Chiddix, City Sanitary Officer. Green Cove Springs, Mr. and Mrs. E. S. Talbott.

The guests of honor were: Dr. L. L. Williams, Jr., U. S. P. H. S., Director of Malaria Control Work; Dr. T. H. D. Griffiths, U. S. P. H. S., Biloxi, Mississippi, Director of Salt Marsh Mosquito Investigations; Dr. W. V. King, Entomologist, U. S. Department of Agriculture, of Mound, Louisiana; H. B. Maurer, Executive Secretary, Long Island Mosquito Association, Long Island, New York; Dr. Herrman H. Harris, of Jacksonville; Dr. E. C. Levy, of Tampa; Dr. B. L. Arms, State Health Officer of Jacksonville; Dr. C. E. Waller, U. S. P. H. S., Washington, D. C.; Mr. O. C. Hopkins, Sanitary Engineer, U. S. P. H. S., Atlanta, Georgia; Mr. C. H. Eastwood, Atlanta Georgia; F. C. Schlemmer, Vice-President, West Florida Power Co., Tallahassee.

Officers elected for the following year were: W. I. Fee of Ft. Pierce, president; Harry McCreary, Tarpon Springs, vice-president; E. L. Filby, Jacksonville, secretary. The Board of Directors is composed of the ex-presidents of the Association, namely: George W. Simons, Jr., Jacksonville; Mrs. Vida Lester MacDonell, Jacksonville; George H. Clements, Bartow; and Dr. W. E. A. Wyman, St. Petersburg.

The Association voted to meet in Ft. Pierce in 1929.

FIELD REPORTS

During the past few months several changes in official and unofficial health circles have occurred.

Dr. A. W. Ziebold, for several years Director of Public Welfare, which includes the Health Department of the City of Miami, has resigned to become executive secretary of the Greater Miami Chamber of Commerce. He was succeeded by Dr. W. A. Claxton, who was promoted from the position of city health officer and chief of the Division of Health. Dr. A. McDonell succeeds Dr. Claxton. We know that Dr. Ziebold will continue his interest in health work and the city health department will have a strong ally in the Chamber of Commerce by reason of Dr. Ziebold's position.

The Florida Federation of Women's Clubs announces through its President, Mrs. Murray L. Stanley of Daytona Beach, the appointment of Mrs. Ethel T. Porter, of Stuart as chairman of the Department of Public Welfare. This department carries on the health work of the Federation. Mrs. Porter under the last administration was

BUREAU OF ENGINEERING—Continued)

chairman of the Division of Public Health and she has been succeeded by Miss Minnie Porter Harris of Key West. Miss Harris is the grand-daughter of the late Dr. Joseph Y. Porter, the founder of public health work in Florida and its first State Health Officer. Miss Harris has not yet announced her policies for the coming two years.

Dr. N. A. Upchurch, City Health Officer of Jacksonville, was recently elected President of the Association of Food and Drug Officials of the Southeastern States. Under Dr. Upchurch's leadership we look for a wide expansion of the activities and interests of this association which recently held a most successful meeting in Jacksonville.

A. P. Michaels, manager of the Orlando Utilities Commission, was elected Chairman of the Florida section of the American Water Works Association at its recent meeting in Orlando. Mr. Michaels succeeded Anson W. Squires of Tampa. Mr. R. W. Reynolds, superintendent of the West Palm Beach Water Co., was elected vice-president. Directors for the coming year are: C. C. Brown, Gainesville; O. Z. Tyler, Jacksonville; Ben Tippens, Daytona Beach; F. W. Lane, St. Petersburg; F. J. Stewart, Hollywood. The writer was re-elected secretary-treasurer.

Carl Klotz, former city sanitary officer of Fernandina has returned to his old position under the direction of Chief Surrency and is now engaged in an extensive anti-mosquito campaign within the city limits. The main problem is one of control of a salt marsh slough which extends about four miles in the northern and eastern portions of the city.

The ancient city of St. Augustine, has seen fit to reorganize its city government and has appointed W. N. McDonald of Jacksonville as City Manager. Mr. McDonald succeeds our old friend Eugene Masters. Mr. Masters has not yet announced his future plans but undoubtedly he will keep up his interest in municipal affairs as he is one of the founders of the Florida League of Municipalities.

This opportunity is taken to express our best wishes for the success of the Florida Municipal Record, the new monthly Journal of the Florida League of Municipalities. The initial number of this periodical is a very interesting and well gotten up issue. Especially interesting are the articles by George W. Simons, Jr., former Chief Engineer of this Bureau on "Why Should a City Have a Plan", and "Public Health Pays Big Dividends" by Dr. M. B. Herlong, Commissioner of Health and Sanitation of Jacksonville. The Record is under the able management of E. P. Owen, Jr., who is secretary-treasurer of the League. Rex Croasdell acts as editor. The League has opened offices at 1601-3 Lynch Building, Jacksonville and the publication can be addressed at Box 1081, Jacksonville. Every city official and engineer should have the Record on hand. Best Wishes, "E. P." in the journalistic field!!

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D. P. H., Director

OUR BABY CITIZENS



During the year 1927, a total of 34,061 baby citizens were born in Florida. Of this number, 23,835 were white and 10,226 colored. Infant deaths during the year, ie, death of infants under one year of age, totaled 2,313. The number of deaths all other ages is 15,840, leaving a net total of 15,918, which represents the natural increase of population in Florida for one year.

The greatest asset in any state is its citizens. Our wonderful climate, abundant sunshine, beautiful flowers, fruits, vegetables, etc., would be entirely without value if it were not for the people who live to enjoy them. The registering of each of the 34,061 babies in Florida entailed a great deal of patience and effort on the part of the faithful doctors and registrars, and is a real service to the state. The value of a birth certificate is beginning to be appreciated by the average citizen. It has, however, necessitated considerable loss of property and time to bring this matter to the attention of the general public.

There is no telling when a record of birth will be demanded and it is the means provided by law in this state to prove citizenship and date of birth. The birth records are also used to measure the mortality of infants and the mortality of mothers in childbirth. With accurate reports of births, we can determine whether our infant mortality is higher than it is in other states, and we can also determine in what sections within our own state the infant mortality is excessively high.

During the World War, the story is told of an American arrested in London as a German spy, unable to obtain a birth certificate because his birth had never been recorded and because the doctor had died, but finally saved by the discovery of an old letter which told of his birth. Another case was brought to our attention, that of a former citizen of the United States, now a resident in a Canadian city, who suffered the loss of all his property and underwent financial ruin because of the neglect of his parents and the physician attending his birth to make legal record of his birth. He had a German name and was confronted in Canada with the necessity of proving his American citizenship. He sent a frantic appeal to the Health Officer of the town where he lived, asking for a transcript of his birth certificate, which would, of course, have proved that he was a native born American. Had the doctor at the time of his birth registered the birth as the law requires, the situation would have been a simple one, but careful search of the records failed to produce any such registration, and as a result, he was interned, for the Canadians say that they can trust in free citizenship only those who can give proper proof of their birth and standing.

BUREAU OF VITAL STATISTICS—(Continued)

A mother who applied to the Board of Health in another state for a transcript of the birth certificate of her child to prove its legitimacy, broke down and cried bitterly when she was told that her physician had failed to make out the certificate of birth and see that a legal record was made. All the bitter words she poured out about the physician would hardly be fit for print. She said: "I never dreamed I would be caught in such a predicament."

The goal of the United States Bureau of the Census is to have every state in the registration area by 1930. It is reported that at the present time forty-one states, representing about 90% of the population, are included. Florida was admitted in 1924.

The total number of original birth records on file in this Bureau is 369,419. The oldest record is dated 1865. Every record is carefully filed in a fire-resisting vault and is referred to by a continuous alphabetical card index.

Statistical work is usually looked up on as dry and tedious. However, those who are engaged in this line find many pleasant and interesting things in connection with the regular routine. For instance, I wonder how many know the most common name put on file last year in connection with the registering of births. The name WILLIAMS appears 661 times, the name SMITH appears 612 times, JOHNSON 528, JONES 419, BROWN 256, THOMAS 252, JACKSON 246, TAYLOR 217. So far as the 1927 birth records are concerned the surname WILLIAMS appears to be the most popular and SMITH second.

While looking over the names, it was interesting to note the number of persons carrying names similar to a bird. In all, there were nineteen names which are listed below:

HAWK	WREN	MARTEN
CROW	ROBIN	CRANE
BUZZARD	HERON	BUTCHER
EAGLE	DUCK	SWAN
CANARI	LARK	WILDGOOSE
SPARROW	DOVE	BIRD
PARROT		

Ten other family names were noted which might be of interest to the reader:

FLOWERS	LITTLECHILD	SHOWERS
DOLLARHYDE	BUGGS	BIRTHRIGHT
GASKINS	KISSAM	ELASTIC
PIGG		

I have purposely refrained from mentioning certain important items in connection with birth registration, owing to the fact that our annual report is always very complete as to tables and text indicating births, birth rates, etc., by counties and cities. Tabulations are also included in the annual publication of the United States Bureau of the Census. As Director of the Bureau of Vital Statistics, it is my duty to be particularly interested in 100% registration of the births that occur within the boundaries of our state. It is a neverending job and the cooperation of a host of workers and friends has been the means of Florida taking a place of honor among other States in Registration.

BUREAU OF VITAL STATISTICS—(Continued)

NAILS INDICATE PHYSICAL CONDITION

A physician can sometimes tell as much about your physical condition from looking at your finger nails as he can by taking your pulse or looking at your tongue, says Dr. Norman Tobias in the March Hygeia.

A healthy nail has a rosy pink color, is smooth, free from ridges and glossy. The nail root is delicate and is easily injured by poisons in the blood stream or by injuries to the nerves. A bluish tinge in the nail suggests heart disturbance or poor circulation, Dr. Tobias says. A white anemic nail may mean impoverished blood.

Dull and brittle nails indicate a lack of oil in the skin. Irregular, rough or dwarfed nails may be caused by syphilis, ringworm or chronic skin disease. If sores or ulcers about the nail are slow in healing, one should consult a physician.

— F. H. N. —

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

OF FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida for April 1, 1928.

State of Florida

ss.

County of Duval

Before me, a Notary Public, in and for the State and county aforesaid, personally appeared Stewart G. Thompson, D. P. H., who, having been duly sworn according to law, deposes and says that he is the editor of the Florida Health Notes and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 21, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher, State Board of Health, Box 135, Jacksonville, Fla.

Editor, Dr. Stewart G. Thompson, Box 135, Jacksonville, Fla.

2. That the owner is: (If the publication is owned by an individual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.)

Florida State Board of Health, Box 135, Jacksonville, Fla.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

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5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is: (This information is required from daily publications only.)

FLORIDA STATE BOARD OF HEALTH,

By: Stewart G. Thompson,

Director Bureau of Vital Statistics.

Sworn to and subscribed before me this 10th day of April, 1928.

(Seal)

A. Screven Dozier,

Notary Public for the State of Florida at Large.
My Commission expires October 3, 1929.

BUREAU OF VITAL STATISTICS—(Continued)

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(Seal)

A. Screven Dozier,

Notary Public for the State of Florida at Large.
My Commission expires October 3, 1929.

BUREAU OF VITAL STATISTICS—(Continued)

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1927

COUNTIES	BIRTHS		
	Total	White	Colored
0. State.....	34,061	23,835	10,226
1. Alachua.....	776	438	338
2. Baker.....	171	121	50
3. Bay.....	342	239	103
4. Bradford.....	224	188	36
5. Brevard.....	286	189	97
6. Broward.....	489	344	145
7. Calhoun.....	198	154	44
55. Charlotte.....	85	71	14
8. Citrus.....	120	66	54
9. Clay.....	159	119	40
62. Collier.....	26	26	0
10. Columbia.....	409	250	159
11. Dade.....	3,197	2,304	893
12. DeSoto.....	240	187	53
56. Dixie.....	72	60	12
13. Duval.....	3,647	2,480	1,167
14. Escambia.....	1,201	965	236
53. Flagler.....	46	27	19
15. Franklin.....	112	56	56
16. Gadsden*.....	649	292	357
64. Gilchrist.....	80	60	20
57. Glades.....	54	51	3
65. Gulf.....	86	62	24
17. Hamilton.....	228	127	101
58. Hardee.....	301	273	28
63. Hendry.....	52	45	7
18. Hernando.....	136	99	37
59. Highlands.....	252	199	53
19. Hillsboro.....	3,560	2,937	623
20. Holmes.....	280	259	21
66. Indian River.....	196	131	65
21. Jackson.....	917	534	383
22. Jefferson.....	381	91	290
23. Lafayette.....	115	101	14
24. Lake.....	523	385	138

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1927
(Continued)

COUNTIES	BIRTHS		
	Total	White	Colored
25. Lee.....	374	285	89
26. Leon.....	523	181	342
27. Levy.....	274	174	100
28. Liberty.....	107	69	38
29. Madison.....	404	163	241
30. Manatee.....	561	383	178
31. Marion.....	649	328	321
67. Martin.....	117	76	41
32. Monroe.....	329	258	71
33. Nassau.....	223	136	87
34. Okaloosa.....	283	254	29
54. Okeechobee.....	96	60	36
35. Orange.....	1,200	897	303
36. Osceola.....	209	140	69
37. Palm Beach.....	1,017	699	318
38. Pasco.....	286	237	49
39. Pinellas.....	1,348	1,018	330
40. Polk.....	1,727	1,348	379
41. Putnam.....	455	243	212
42. St. Johns.....	382	260	122
43. St. Lucie.....	202	131	71
44. Santa Rosa.....	306	249	57
60. Sarasota.....	344	288	56
45. Seminole.....	462	238	224
46. Sumter.....	254	175	79
47. Suwannee.....	400	272	128
48. Taylor.....	227	159	68
61. Union.....	133	92	41
49. Volusia.....	782	536	246
50. Wakulla.....	142	78	64
51. Walton.....	351	276	75
52. Washington.....	284	202	82



LIBRARIAN HYGIENIC,
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JUN 18 1928

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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Vol. 20

JUNE, 1928

No. 6

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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B. L. Arms, M. D., State Health Officer

ALL IN A DAY'S WORK

Health departments must be ready at all times for emergencies as it is impossible to anticipate future events.

The morning papers of April 24th, carried word that the Choc-tawhatchee river was out of its banks and that the inhabitants of Caryville had been obliged to leave their homes.

The writer was on the ground the next morning with a good supply of typhoid vaccine and found that Miss Lula Davis of the Bureau of Child Hygiene and Public Health Nursing and Major C. N. Hobbs of the Bureau of Engineering were on duty and both had extended every possible service, assisting in the removal of the people and in placing them where they would be safe.

The water subsided very quickly and the Brown-Florida Lumber Company, who owns most of the property at Caryville and who has an efficient physician in charge, Dr. Geo. W. Carter, assumed the responsibility of sanitating the town. Dr. Carter certainly did a splendid piece of work and due to the fact that he had previously immunized nearly all the population against typhoid and quickly protected the balance, our prediction at the time, that no outbreak would occur, has been borne out in the four weeks that have elapsed since the sudden rise of water.

The rapid "run off" was a great surprise and was, of course, a great help in hastening the return to normal. Due to the fact that fills on both railroads and highways were carried away and that wires were down, making telegraphic communication possible only by round-about means, all kinds of rumors were spread but we are thankful to say that no lives were lost nor has there been any outbreak of disease due to the high water. We knew that any need west of the Choc-tawhatchee would be cared for as Dr. Henry Hanson was on duty and that portion of his district east of the river was attended to by Dr. A. P. Harrison, whose district is east of the Apalachicola river. Both did excellent work in immunization and when the highway was repaired, Dr. Harrison returned to his district.

Before returning to Jacksonville, a trip as far as Milligan was made that I might be familiar with the conditions caused by the rise of the Shoal and Yellow rivers. This was on May 5th, the day following the completion of the temporary bridge near Westville.

A great deal of damage was done to the highways and the railroad, also the wire system, but the loss that hit hardest was the damage to the crops and land for here the damage was to that group of citizens least able to bear the burden. Mr. Reed of the Red Cross was "on the job" early and rendered needed service.

While some of us were busy in the western part of the state, the Shrine Convention was held at Miami and Drs. Brink and Duffin were on hand to lend any assistance and Chief Engineer Filby with

ADMINISTRATION—(Continued)

Inspectors Broughman, Reed and Renney assisted in caring for the sanitation of the areas where the pullmans were parked and which were occupied during the convention.

Extracts from a letter from Dr. Geo. N. MacDonell, Chief of Division of Health, Miami, under date of May 4th, bears witness to the fact that these services were appreciated:

"The Shrine Convention, just closed, was a credit to Miami and to all of Florida. Your consideration in lending us the valuable services of several State officials was most highly appreciated by us and I doubt if they could have rendered greater help to the cause of health in Florida at any other place than they did at this time.

Consultations with Drs. Brink and Duffin resulted in a better understanding on several points relating to communicable diseases.

Mr. Filby and his efficient aids, Messrs. Broughman and Renney, together with your local representative, Mr. G. B. Reed, rendered invaluable service. They handled one of the most difficult situations with which we had to deal in a manner that won our heartfelt gratitude, and also the admiration of visiting Shriners.

Again thanking you for your cooperation, I am"

While the above mentioned members of our force were thus engaged the balance were at their regular tasks and all were working together for the protection of our citizens and visitors.

— F. H. N. —

GET YOUR MONEY'S WORTH

A considerable amount of good money, not too much, is spent in Florida for health work. Every employee of the Board endeavors to give to the people full value for their tax money but the people in turn have a part to play, a duty to themselves, and must perform their part by accepting services and acting on recommendations in order that they may **GET THEIR MONEY'S WORTH.**

— F. H. N. —

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

LET'S GET TOGETHER

It has long been a problem as to just how to best help the public health nurses who are doing work in counties and districts which keeps them a good part of the time by themselves. Of course, the nurse brings her professional knowledge to her job, but she is meeting all sorts of new situations and although she does make her own decisions,

CHILD HYGIENE AND PUBLIC HEALTH NURSING (Continued)

she would many times like to have someone else's view-point in solving her problems and handling her cases. As a means to this end, a series of group meetings have been arranged, that will cover the state. By careful planning, the districts are not too large for all the public health nurses working in the state to get to some one of these group meetings.

The nurses are asked to send in any problem or question or situation which they would like to have discussed. All these, as well as anything new in public health nursing work, is discussed in open forum. The sessions at which these discussions take place are attended by the nurses only and this fact enables them to discuss each problem with a frankness otherwise impossible. Nurses working alone in counties or in larger districts with only occasional visits from the field supervisor or director, are apt to become discouraged and lose sight of the broader aspects of their work. To the nurse who is covering a small territory, her job, with constant repetition may become routine and uninteresting. These group meetings, we hope, will get the nurses who are working nearest to each other better acquainted and be inspirational as well as a source of information to them. The program is prepared entirely as requested from the various groups. Not only do we discuss problems and perplexities, but where a nurse has found some better way of doing something or where there has been a happy solution of an apparently difficult problem, we have her pass the good word on to the others. There are many new books and interesting articles in the professional magazines on our work which we cannot afford to ignore, and the group meeting gives a good opportunity for the discussion of new published material.

The series of meetings conducted in May were for nurses only, but we plan in the series to be conducted in October to have two sessions, one session to which we will invite other public health workers, members of nursing committees, and interested individuals who may wish to have more accurate knowledge of public health nursing work; the other session to be for the nurses only. The following is a program for one of the meetings conducted in May, which is typical.

A WORD OF WELCOME

Miss Kresse Holst, R. N., Managing Director
St. Johns County Welfare Association

RESPONSE FOR THE NURSES

Miss Clio McLaughlin, State Board of Health

DEMONSTRATION OF CLASS ROOM INSPECTION

Miss Grace James, R. N.

County School Nurse, Peninsular Station, Volusia County

VISION TESTING FOR PRE-SCHOOL CHILD

Miss Mildred G. Smith, R. N., Field Representative
National Society for the Prevention of Blindness

CHILD HYGIENE AND PUBLIC HEALTH NURSING (Continued)**RELATIVE FOOD VALUES—(Results of research)**

Miss Edith Haslan, R. N.

County School Nurse, Deland, Volusia County

VENEREAL DISEASE CONTROL IN SCHOOLS

Dr. F. A. Brink, Director, Bureau Communicable Diseases, State Board of Health. (Read by Mrs. Laurie Jean Reid, R. N.)

DEMONSTRATION OF WELL BABY AND PRESCHOOL CONFERENCE

Miss Lula A. Davis, R. N.

State Sheppard-Towner Nurse, Bureau Child Hygiene and P. H. N.

State Board of Health

DENTAL HYGIENE

Miss Ora Lee Russell

Dental Hygienist, Jacksonville City Health Department, Jacksonville

HOURLY NURSING

Mrs. Laurie Jean Reid, Director, Bureau Child Hygiene and P. H. N.

State Board of Health

HOW MUCH SOCIAL SERVICE SHOULD A SCHOOL NURSE DO?

Mrs. Lucy Knox McGee, R. N.

Director of Nursing, City Health Department, Jacksonville

(Read by Mrs. Agnes W. Beuthien, R. N.)

TRIALS AND TRIUMPHS

Discussion

ANNOUNCEMENTS—

Emory University no Institute this Summer.

Biennial Convention Louisville, June 4th to 9th.

Survey of Florida for Crippled Children by American Legion.

Blanks for distribution.

Program for next meeting.

Coming, as these meetings did, just prior to the summer round-up sponsored by the National Parent-Teacher Association for the examination of children who intend to enter the public schools at the next term, the program was most beneficial. The nurses themselves like these meetings and say that they go back to their jobs refreshed and inspired to greater and more effective effort.

It was our happy privilege to have with us for the program of the series of meetings just completed, Miss Mildred G. Smith, R. N., field representative of the National Society for the Prevention of Blindness, who made a demonstration of vision testing for preschool children. Since we have never had a way of accurately testing the vision of the preschool children, we were very glad to have this new method demonstrated to us, and the nurses have expressed themselves as more than repaid for the trip to the group meeting in this new knowledge gained as well as the other demonstrations and papers which were most excellent. These group meetings will be conducted every four months.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****A STITCH IN TIME**

To those who seek to promote human welfare and particularly to health workers, the inertia of the human mind at times seems appalling but an earnest desire to improve the public health spurs us on to continued and greater effort.

The old saying "A stitch in time saves nine" applies in the field of preventive medicine perhaps better than any where else and there are many varieties of the health stitch, each functioning in its way to strengthen and hold together the tissue of life.

Three of the Stitches

PROMPT REPORTING: The early recognition of a communicable disease with prompt reporting and isolation of the patient so as to prevent the spread of infection will often forestall a long continued and wide spread epidemic that would disrupt entire communities.

IMMUNIZATION: A successful campaign of vaccinating against smallpox and certain other diseases may save the schools and business of a city or town from serious interruption.

SANITATION: Devices and methods for safely disposing of human wastes may forestall an endless train of illness and death from typhoid and other filth-borne diseases.

It is not the wish of the sanitarian to weary the public with endless urging. We seek rather to keep fresh in the public mind the important facts relating to health hoping that the old timers and new arrivals of the race may be prompted to do the things demonstrated value in the preservation of life and health.

— F. H. N. —

RUMORS AND "HEARSAY"

Since the Stone Age, every step in the advancement of the race has been beset with pitfalls. Every modern method of disease control has been hampered by opposition, superstition and the imperfections that characterize all things new but by patient and painstaking labor most of the hazards to human health in the form of communicable diseases have been conquered. Often through ignorance but often through jealousy and selfishness, the prevention of disease by inoculation and vaccination has been attacked. Shall we base our conclusions as to the value of present day methods on rumors, on early experiences with newly discovered procedures, on the statements of prejudiced persons or on facts and statistics gathered and given out only after prolonged and accurate research?

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF APRIL, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1723	498	72	114	239	2646
Diphtheria	323	69	8	522	3	925
Typhoid	270	111	30	28	13	452
Malaria	241	110	24	9	26	410
Rabies	19	6				25
Tuberculosis	191	76	26	31	12	336
Gonorrhoea	259	148	15	104	9	535
Kahn Reactions	3012	848				3860
Water: Bacterial Ex.....		48		112	5	165
Water: Chemical Ex.....				142	5	147
Milk: Bacterial Ex.....	81	247		298	6	632
Milk: Chemical Ex.....	83	247		565	6	901
Miscellaneous	90	15	51	72	1	229
	6292	2423	226	1997	325	11263

Specimen Containers Distributed 10,520

BIOLOGICAL PRODUCTS DISTRIBUTED.

DURING APRIL, 1928

Diphtheria.....	10,000 units	81 Packages
	5,000 units	26 Packages
Toxin Antitoxin.....		6,198 C. C.
Schicks.....		4,200 Tests
Typhoid Vaccine.....		4,743 Treatments
Vaccine Virus.....		3,472 Capillaries
Antirabic Virus.....		24 Treatments
Carbon Tetrachloride.....		2,410 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****PULLMAN CITY SANITATION**

During the Convention of the A. A. O. N. M. S. (Shriners) in Miami during May, the problem of sanitation of the Pullman trains that were used as hotels during the meeting, was handled by the Bureau of Engineering. The Florida East Coast Railroad and the Seaboard Air line both were confronted with the problem of handling large numbers of Pullman cars used as hotels during the three day convention. The Seaboard Air Line parked its Pullman in what is usually known as the freight terminal while the Florida East Coast used the terminal sidings, the P. and O. dock sidings and the Buena Vista yards.

Prior to the convention, the railroads assembled equipment and men and arranged for handling the cars. Wooden shacks to be used as shower baths were erected, water lines connected to the city water were strung along the tracks, electrical equipment was in place to attach, arrangements were made for garbage and trash service; extra cans were ordered to collect the toilet wastes; disinfectant was on hand; burlap was available for screening the cans, etc., City Health and scavenger officials were in accord and everything was ready or thought to be ready.

The trains began to arrive and to pile in. The first shortage that developed was in manpower. The railroads had counted on a few section gangs and one or two experienced scavenger men handling the job but when the cars began to get into the yards and track after track filled, it was soon discovered that an increased force was necessary. More men were put on, additional gangs called in and the problem tackled anew. Then a shortage of cans developed. It had been estimated that sufficient cans were on hand but the afternoon of the day before the convention opened revealed the need for at least 300 more scavenger cans to fit over the toilet discharge pipes. Cans had been estimated at three or four to a car and many cars were of the all-compartment type necessitating more than 10 cans.

And the cans would not fit—there were no places to fasten the cans to hang them directly under the discharge pipe and in some cases there was not enough clearance between the discharge pipe and the wheels or trucks of the Pullman to get a can in place. Emergency use was made of a hundred city-owned garbage cans placed under the main toilet pipes and the larger sized cans were then used on the compartment cars. Over two hundred cans arrived the next morning from St. Augustine. As many of the cans could not be fitted over the end of the discharge pipe, they were cut by metal shears to fit. Old gasoline and oil drums were used as garbage and trash cans for dining car service and waste collection. These were spotted at the diners and at convenient intervals along the lines of cars. As the yards were not designed for such purposes, roadways

BUREAU OF ENGINEERING—(Continued)

were not always available between tracks.

Directly after the morning usage on all the cars, the problem of servicing the cars with cleaned or new cans became acute. Cans were taken to specially designated manholes or dumping places and discharged into the sewer or bay. At the Buena Vista yards, trouble developed shortly. During the night some dining car cooks, etc., had dumped a lot of garbage into the manhole to get rid of it from about their cars and several bucket loads of old towels, trash, bottles, etc., had been dumped into the manhole. As a result, the sewer was clogged, necessitating a long morning's work and the carrying of waste-filled buckets to distant manholes. Tractor transportation of trucks laden with filled waste cans was used. There was no screening or straining device at the several manholes in use and especially at the central manhole the necessity of this became at once apparent. Tin cans, towels, bottles, chicken legs, etc., were taken out of the sewer. It was finally opened and then a piece of old bed spring utilized as a strainer to withhold the larger materials which were pulled out and put into a garbage can.

Replacement of section crews with new ones augmented the problem and chaos would have resulted but for the timely arrival of some high railway officials who rapidly reorganized things. The City Health Department sent out its power sprayer with a tank load of disinfectant and thoroughly sprayed under all the cars. The negro laborers began to get the hang of handling the cans and the yards soon became as clean as could be expected.

The State Board of Health had Messrs. Reed and Renney at Buena Vista, Mr. Broughman at the Florida East Coast Station or terminal yards and the Seaboard Air Line yards and the writer at the P. and O. docks. These men acted as general overseers and go-betweens seeing that things were properly and promptly done. The city and the railroads co-operated wonderfully. From our experience in handling the situation at Miami, involving over 200 cars in four different groups, the following procedure is regarded as essential.

1. Have at each yard a railway man in absolute charge for a definite period of the day for the entire convention. Thus Mr. Smith, section foreman should be on duty at Buena Vista from 7 A. M. until 5 P. M. every day. From 5 P. M. until 7 A. M., section foreman Jones will be on duty there. Each foreman should have his own special crew working for him augmented if necessary but he should be in absolute charge and remain in the yards at all times when on duty. At least one negro for every 10 cars should be on duty with one for every five cars on the arrival and getaway days. Each negro should be assigned his cars, and not shifted from one job to another. (This prevents "losing" the negroes during the night or late afternoon.)

BUREAU OF ENGINEERING—(Continued)

2. Have a plentiful supply of cans—large capacity—available. These cans should be the standard sized cans in use and also some regular garbage cans. Burlap should be available to screen the cans and baling wire to fasten them in the best place. Regulation ash cans should be used at the dining cars but steel drums can be used if covered. Disinfectant solution is necessary and should be available in mixed form at each can emptying station. Cans should be thoroughly washed before replacement and about a pint of disinfectant solution added to each before replacement.

3. An attendant should be at all times at each can emptying station to see that cans are properly washed and contents screened before entering the sewer. A big ash can should be kept here to receive screenings. Water under pressure must be available at each can washing station. These stations must be conveniently located over sewers or tidal waters and properly screened from sight.

4. Garbage should be collected at least three times daily either just before or just after meals, preferably just before as it is then that the accumulations are greatest. All containers should be empty as the meal serving starts. Garbage cans from each diner should be carried when nearly full to the central collection points at each yard; the city garbage trucks should call for them at stated times. All garbage should be kept in covered metallic containers.

5. Car trucks should be sprayed with disinfectant if they become soiled with body discharges and all accumulations of such should be picked up or buried as soon as noted.

6. All Pullman porters, dining car chefs and helpers must exercise care in the disposal of wastes, placing it in proper containers.

7. No yard foreman should have charge of more than 70 cars, counting one diner as three ordinary Pullman cars. Each yard foreman should report hourly by telephone to a special officer at the station or some specially designated point. The state or city health officials should know the location and name of this party and work through him. Requisitions for supplies should be issued by the yard foreman and honored without question by the store-keepers (railroad) for this period.

8. All shower baths should discharge into a sewer, if available, but if favorable soil conditions can be had, they can discharge onto the ground. An attendant should be on duty at each shower during the day.

9. Cans should be serviced as often as necessary to prevent spillage, and the yards policed thoroughly several times a day.

10. If tight-non-absorbent soils prevail in the yards, wastes from dining car sinks and Pullman wash sinks should be collected in large steel drums or ash cans and emptied before spilling. A special hose fitting may be necessary to lead from the diner sink drain to the container.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



The lowest infant mortality rate ever recorded in the state of Florida was put on record last year. This is a great encouragement to those who are endeavoring to build up the greatest asset in any state (note top of front cover). If an infant mortality rate is an index to the sanitary conditions in the state of Florida, we are getting better all

the time. The infant mortality rate does not represent a low figure in the number of deaths of babies but represents the number of deaths of infants under one year of age per thousand births reported. An infant mortality rate, therefore, is often used as a measuring unit in connection with success or failure to protect the health of the people.

According to the figures just compiled, the infant mortality rate in Florida last year was 68 as compared with a total of 75 for the previous year.

The infant mortality rate among the white population was 56 last year as compared with 62 for the previous year; colored, 95 last year as compared with 108 for the previous year. Last year's record of 68 is the lowest infant mortality rate ever put on record in the history of this state. The rate of 56 last year is also the lowest ever put on record for the white population. The next lowest was in 1925 when the rate went down to 61. The highest rate was in 1918 when 91 was recorded.

Deaths Under 1 Year and Infant Mortality Rates,
By Color, 1926-1927.

Year	Total	Rate	White	Rate	Colored	Rate
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108

The rate of 95 last year is also the lowest ever recorded for the colored race in this state and is the first time the rate has gone below one hundred. The lowest previous rates were 104 in 1922 and 1925.

The lowest infant mortality rate for the United States registration area between 1915 and 1924 inclusive, which represents a decade, was 67 for the white population which was for the calendar year 1924. The infant mortality rate in Florida for that year was 70. It is too early to secure provisional figures of 1927 infant mortality for the United States but we feel sure that Florida's rate of 56 for the white population will be a record that will compare favorably with the new rates when they are published. In the July, 1927 issue of the Florida Health Notes, you will find tables showing the deaths of infants under one year of age and infant mortality rates by color, 1917 to 1926 inclusive. We will, therefore, indicate below this information for 1926 and 1927 and not reproduce the figures published last year.

BUREAU OF VITAL STATISTICS—(Continued)

Deaths of Infants Under One Year of Age for Certain Causes,
By Color, 1926-1927.

CAUSE OF DEATH	DEATHS					
	1926			1927		
	Total	White	Col.	Total	White	Col.
Typhoid.....	1	0	1	4	1	3
Malaria.....	13	5	8	23	6	17
Smallpox.....	1	0	1	1	0	1
Measles.....	5	3	2	5	1	4
Scarlet Fever.....	0	0	0	1	1	0
Whooping Cough.....	44	21	23	32	18	14
Diphtheria.....	6	4	2	9	5	4
Influenza (all forms).....	38	19	19	75	37	38
Dysentery.....	23	9	14	24	12	12
Chickenpox.....	0	0	0	2	1	1
Tetanus.....	26	7	19	32	9	23
Syphilis.....	43	18	25	52	17	35
Septicemia.....	2	1	1	5	4	1
Rickets.....	3	0	3	9	4	5
Meningitis.....	19	17	2	19	15	4
Convulsions.....	23	7	16	37	10	27
Diarrhea and Enteritis.....	324	184	140	363	224	139
Intestinal Obstruction.....	23	14	9	25	15	10
Premature Births.....	608	417	191	664	445	219
Injury at Birth.....	117	95	22	128	97	31
Poisoning by Food.....	4	3	1	3	3	0
Burns.....	5	2	3	6	3	3
Accidental Mechanical Suffocation.....	12	7	5	12	8	4
Accidental Drowning.....	1	0	1	4	2	2

While it is pleasant to enjoy the realization of certain victories and achievements in the protection of the lives of the precious babies in our state, we must not forget that it is a constant fight and that our best efforts are challenged if the unnecessary loss of lives is to be curtailed. A year ago, a table was published showing the number of deaths from certain diseases. There is a marked improvement in the mortality from several causes; for instance, typhoid fever took a toll of four baby lives under the age of one year as compared with only one in 1927. Whooping cough is not considered so serious by many mothers; in fact, some mothers seem to think it is one of those diseases every baby should have some time in his life. There were 44 deaths last year caused by whooping cough among the babies under one year of age as compared with 32 for the previous year. This increase of 12 deaths from whooping cough is serious enough to attract the attention of any thinking parent. Diphtheria took a toll of six baby lives as compared with nine for the previous year. This decrease from a preventable disease is encouraging. (Continued on page 96)

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living
Births by Color and by Counties—1927

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
0. State.....	2,303	68	1,336	56	967	95
1. Alachua.....	58	75	26	59	32	95
2. Baker.....	15	88	8	66	7	140
3. Bay.....	25	73	16	67	9	87
4. Bradford.....	9	40	8	43	1	28
5. Brevard.....	21	73	10	53	11	113
6. Broward.....	35	72	15	44	20	138
7. Calhoun.....	10	51	9	58	1	23
55. Charlotte.....	9	106	5	70	4	286
8. Citrus.....	5	42	2	30	3	56
9. Clay.....	9	57	7	59	2	50
62. Collier.....	2	77	2	77	0	0
10. Columbia.....	29	71	16	64	13	82
11. Dade.....	226	71	122	53	104	116
12. DeSoto.....	27	113	20	107	7	132
56. Dixie.....	0	0	0	0	0	0
13. Duval.....	242	66	128	52	114	98
14. Escambia.....	95	79	66	68	29	123
53. Flagler.....	0	0	0	0	0	0
15. Franklin.....	6	54	3	54	3	54
16. Gadsden.....	51	79	21	72	30	84
64. Gilchrist.....	4	50	3	50	1	50
57. Glades.....	3	56	3	59	0	0
65. Gulf.....	4	47	3	48	1	42
17. Hamilton.....	16	70	5	39	11	109
58. Hardee.....	19	63	17	62	2	71
63. Hendry.....	4	77	4	89	0	0
18. Hernando.....	7	51	4	40	3	81
59. Highlands.....	16	63	8	40	8	151
19. Hillsboro.....	220	62	156	53	64	103
20. Holmes.....	14	50	13	50	1	48
66. Indian River.....	12	61	4	31	8	123
21. Jackson.....	58	63	31	58	27	70

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1927

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
22. Jefferson.....	30	79	5	55	25	86
23. Lafayette.....	6	52	5	50	1	71
24. Lake.....	31	59	14	36	17	123
25. Lee.....	23	61	13	46	10	112
26. Leon.....	31	59	7	39	24	70
27. Levy.....	22	80	15	86	7	70
28. Liberty.....	5	47	4	58	1	26
29. Madison.....	30	74	14	86	16	66
30. Manatee.....	40	71	26	68	14	79
31. Marion.....	38	59	22	67	16	50
67. Martin.....	6	51	2	26	4	98
32. Monroe.....	29	88	19	74	10	141
33. Nassau.....	14	63	8	59	6	69
34. Okaloosa.....	11	39	11	43	0	0
54. Okeechobee.....	4	42	4	67	0	0
35. Orange.....	103	86	60	67	43	142
36. Osceola.....	17	81	9	64	8	116
37. Palm Beach.....	79	78	41	59	38	119
38. Pasco.....	18	63	14	59	4	82
39. Pinellas.....	89	66	55	54	34	103
40. Polk.....	102	59	66	49	36	95
41. Putnam.....	49	108	15	62	34	160
42. St. Johns.....	32	84	20	77	12	98
43. St. Lucie.....	10	50	7	53	3	42
44. Santa Rosa.....	18	59	15	60	3	53
60. Sarasota.....	17	49	13	45	4	71
45. Seminole.....	37	80	13	55	24	107
46. Sumter.....	7	28	5	29	2	25
47. Suwannee.....	31	78	12	44	19	148
48. Taylor.....	13	57	9	57	4	59
61. Union.....	8	60	7	76	1	24
49. Volusia.....	49	63	34	63	15	61
50. Wakulla.....	10	70	5	64	5	78
51. Walton.....	28	80	22	80	6	80
52. Washington.....	15	53	10	50	5	61

BUREAU OF VITAL STATISTICS—(Continued)

It behooves us not to be too much encouraged because of the decrease in deaths from certain diseases but to realize that many of the deaths that occurred last year among the babies under one year of age were absolutely preventable. Why not give the babies as much protection as our cows and hogs? The most precious thing in all the world is a baby and yet there is not enough thought and attention paid to the protection of these precious lives.

— F. H. N. —

OPINION NO. 26: April 30, 1928

REGISTRATION—BIRTHS

I am of the opinion that no birth which occurred prior to the enactment of the present law, relating to the registration of births, can be registered by you in the records provided for by that Act.

* * * There is no authority whatever for recording births which occurred prior to the time the 1915 Act was passed.

(Signed)—Fred H. Davis,
Attorney General.

— F. H. N. —

BILL JONES *learns about* DEFECTS



Mrs. Bill: This note from school says Junior and Sister have several defects which should be corrected.
Bill: I don't believe the kids are sick. They're just plain dumb.



Doctor: When we get these tonsils out, Junior will feel like a new boy!



Doctor: No wonder Sister is behind at school, she can only half see.



ONE MONTH LATER.
Bill: These are the best reports you have ever had.
Junior: I don't mind school at all this year.
Sister: Studies are easy now that I have my glasses!

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 20

JULY, 1928

No. 7

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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NAME

FIELD SUPERVISOR

Jacksonville..... Harriett J. Sherman, R. N.

SHEPPARD-TOWNER

Ft. Myers.....
 Kissimmee.....
 Leesburg.....
 Madison.....
 Pensacola.....

Beulah Hieber, R. N.
 Mary Corrothers, R. N.
 Flora B. Williams, R. N.
 Jule Graves, R. N.
 Lula A. Davis, R. N.

STATE RURAL SCHOOL

Jacksonville.....
 Jacksonville.....
 Jacksonville.....
 Jacksonville.....

Helen A. Davis, R. N.
 Mary G. Dodd, R. N.
 Clio McLaughlin, R. N.
 Laura Niblock, R. N.

ADMINISTRATION**B. L. Arms, M. D., State Health Officer****REGULATION OF DRUG STORES**

Through the State Board of Pharmacy a request was received that the State Board of Health cooperate in the regulation of all drug stores in Florida. The bill which was introduced by the State Board of Pharmacy and passed by the last legislature and approved by the Governor on June 4, 1927 is reproduced in full for the information of those concerned.

CHAPTER 11859—(No. 54.) LAWS OF 1927

AN ACT to Provide for the Enforcement of all Laws of the State of Florida and/or Rules and Regulations of the Board of Pharmacy of the State of Florida by the State Board of Health; for the Registration of all Drug Stores with the State Board of Health; the Time when Such Registration shall be made and the Fees to be Charged Therefor; the Qualification and Appointment of Drug Inspectors by the State Board of Health and to Provide funds to Pay Such Inspectors; and prescribing the Punishment for the Violation of the Provisions of This Act and All Other Laws now or Hereafter Enacted that Regulate and Govern the Operation and/or Management of Pharmacies and/or Drug Stores in the State of Florida.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. That from and after the passage of this Act and upon its becoming a law, the enforcement of each and every the several provisions of the Laws of this State governing and regulating the practice of pharmacy and/or the operation, and/or Management, of Drug Stores in this State as now in force or as may be hereafter enacted, shall be vested in and shall be under the direct and immediate supervision of the State Board of Health, Provided, however, that nothing herein shall be constructed or deemed to apply to the examination and registration of applicants before the Board of Pharmacy of the State of Florida, or to such rules and regulations as the said Board of Pharmacy may now or hereafter promulgate relating to the practice of pharmacy and/or the operation and/or management of Drug Stores in this State.

Sec. 2. That on the first Monday of July of each and every year, commencing with the first Monday in July, 1928, all owners and/or proprietors of drug stores in the State of Florida, shall annually register their said drug stores with the State Board of Health, on a printed or typewritten form, or forms, showing the name of the drug store or pharmacy to be registered; the name and address of the owner, or owners and/or the manager thereof, if there be one; and, the names of all registered pharmacists employed in such phar-

ADMINISTRATION—(Continued)

macy or drug store, together with the Certificate date and number of such registered pharmacist; a fee of Ten (\$10.00) Dollars shall be charged by and paid to the State Board of Health by the owner, or owners, and/or proprietor of each such pharmacy and/or drug store, upon each annual registration of such pharmacy and/or drug store, said fee so charged to be used by the State Board of Health to defray expenses necessarily incurred by said Board of Health in the enforcement of the provisions of this Act. The provisions of this Act shall not apply to stores or places of business where patent and proprietary medicines or common household remedies are sold in the original package.

Sec. 3. That the State Board of Health, in order to enforce the provisions of this Act and the provisions of all other laws of the State of Florida, and/or such rules and regulations of the Board of Pharmacy of the State of Florida as said Board may heretofore or hereafter promulgate relating to the regulation of the practice of pharmacy and/or the operation and/or management of pharmacies and/or drug stores in the State of Florida, shall be and it is hereby authorized and empowered to appoint one, or more, registered pharmacists in the State of Florida, who shall be known as Drug Inspectors of the State Board of Health, who shall be under the jurisdiction and immediate supervision and control of the State Board of Health, at and for a yearly salary, or salaries to be fixed by the State Board of Health, whose duty it shall be to see to the strict and proper compliance with the provisions of this Act and the provisions of all other laws of the State of Florida, regulating the practice of pharmacy and/or each and every the operation and/or management of pharmacies and/or drug stores in the State of Florida, by making regular and periodical and unannounced inspections of all pharmacies and/or drug stores in the State of Florida, and it shall be the further duty of the Drug Inspectors of the State of Florida to promptly and diligently report to the State Board of Health all violations of the provisions of this Act or of any other law now or hereafter enacted regulating and/or governing the practice of pharmacy and/or the operation and/or management of pharmacies and/or drug stores in the State of Florida.

Sec. 4. That anyone charged with a violation of the provisions of this Act, or the provisions of any other law, whether now or hereafter enacted regulating and/or governing the practice of pharmacy and/or the operation and/or management of pharmacies and/or drug stores in this State shall, upon conviction, for each such violation, be fined a sum not exceeding the sum of One Thousand (\$1,000.00) Dollars, or be imprisoned for a period not to exceed six months, or both.

Sec. 5. That all laws or parts of laws in conflict with the provisions of this Act are hereby repealed.

Sec. 6. This Act shall take effect upon its becoming a law.

Approved June 4, 1927.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF MAY, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1249	476	24	76	94	1919
Diphtheria	286	125	10	566	4	991
Typhoid	329	177	37	9	24	576
Malaria	299	145	34	14	25	517
Rabies	17	4		1		22
Tuberculosis	194	81	8	22	8	313
Gonorrhoea	337	197	34	130	4	702
Kahn Reactions	3073	997				4070
Water: Bacterial Ex.....		65		78	4	147
Water: Chemical Ex.....				108	4	112
Milk: Bacterial Ex.....	61	144		273	22	500
Milk: Chemical Ex.....	65	144		523	22	754
Miscellaneous	95	32	34	73	5	239
	6005	2587	181	1873	216	10862

Specimen Containers Distributed 6082

BIOLOGICAL PRODUCTS DISTRIBUTED

DURING MAY, 1928

Diphtheria Antitoxin.....	10,000 units	58 Packages
	5,000 units	26 Packages
Toxin Antitoxin.....		2,465 C. C.
Schicks.....		250 Tests
Typhoid Vaccine.....		4,277 Packages
Vaccine Virus.....		2,085 Capillaries
Antirabic Virus.....		11 Treatments
Antimeningococcus Serum.....		6 Cylinders
Carbon Tetrachloride.....		2,575 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

DIPHTHERIA LESSON FOR MOTHERS

During 1926 in Florida one hundred twenty-three children died of diphtheria. Seventy-three per cent of them were under five years of age. Ninety-one per cent were under ten.

In 1927 one thousand ninety-five cases of diphtheria were reported to the State Board of Health. Of the one thousand thirty-one whose ages were given there were four hundred twenty-two or forty-one per cent under five years of age. Seven hundred thirty or seventy-one per cent were under ten.

The above figures are shown in a striking manner by the following table:

Diphtheria in Florida					
Ages	Deaths in 1926		Cases in 1927		
	Deaths		Cases		
Under 1 year	9		23		
1 year	24		61		
2 years	20		110		
3 years	23		130		
4 years	14		98		
<hr/>					
Total under five	90	73%	422	41%	
Five to 9 years	22		308		
<hr/>					
Total under ten	112	91%	730	71%	
Ten and over	11		301		
Age not given	0		64		

Mother What of Your Baby?

Careful study of the above table shows that younger children are more prone to have diphtheria than older ones, and they are much more likely to die of it.

The value of toxin-antitoxin immunization against diphtheria has often been called to public attention and the State Board of Health will go right on shouting its praises, for its usefulness and harmlessness have been clearly demonstrated. Toxin-antitoxin is not used early enough and not given to a great many children as evidenced by the number of children who are permitted to die of diphtheria. Surely no mother would fail to have her child protected knowing that her neglect might cost the life of her child, yet other children will die this year and next, approximately a hundred little lives sacrificed needlessly each year, unless the protection so readily at hand is accepted.

If your child is six months old or more and not immunized you

BUREAU OF COMMUNICABLE DISEASES—(Continued)

should consult your doctor at once. The material is furnished free by the State Board of Health.

Isolate Diphtheria? Yes

Yes, every known case of diphtheria is isolated, the attendants are instructed and patient released only after the germs have disappeared from throat and nose as shown by two consecutive cultures.

Carriers

It is a well known fact that many children have diphtheria in so mild a form that the disease is not recognized. Some of these, and some children who acquire the germs without suffering any ill effects, become carriers. It is from these carriers and 'Missed' cases that much of our diphtheria infection is spread and that is why we cannot rely on isolation alone to protect our children but should immunize them with toxin-antitoxin.

— F. H. N. —

RABIES IN MAY

During May, 1928, the State Board of Health distributed eighteen antirabic treatments. Eighteen persons were bitten by animals having hydrophobia or suspected of having it. Antirabic treatment is expensive and not too pleasant to take.

Do not tolerate stray dogs and cats.

Keep your dog at home where he will be a little less likely to meet and fight with rabid animals.

See your veterinarian about preventive treatment for the dog.

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

PESTS

In the summer there are many pests in Florida that warrant the action of the health officials—we are not referring to the human pests but especially to our winged pests.

First, there is the mosquito and we are beginning to realize that Florida and Florida's beaches cannot become summer resorts with the occasional or usual prevalence of mosquitoes. Those, of us, in the 'skeeter chasing business know a few things about these winged pests but there is lots to be learned. This is an age of speed and discovery and scientists are working on simpler, cheaper and more comprehensive methods of mosquito control. One of the first steps in planning your control work is to know your mosquito, so to speak, for various ones have varying habits. One variety feeds at the surface, another at the bottom, one goes from egg to adult stage in a week, another in a year. And so it goes. In the interior of Florida we have what is entomologically known as "Mansonia Per-

BUREAU OF ENGINEERING—(Continued)

turbans" a mosquito that is a fierce biter and whose life habits are rather unknown when compared to those of the Anopheles group. So we propose to find out just what varieties of mosquitoes are in Florida, where they are, and some of their habits. This work will be the study of an entomologist of the U. S. Department of Agriculture, Bureau of Entomology, who will be connected with the Investigation of Insects Affecting Man and Animals. Dr. W. V. King of Mound, Louisiana, became interested in this study while attending the meeting of the Florida Anti-Mosquito Association last spring and through his efforts a cooperative agreement has been entered into between the State Board of Health and the U. S. Department of Agriculture to carry out this study, which will last more than a year. The entomologist has not yet been assigned to the work but is expected in Florida about August first after a months special study under Dr. Dyer at Washington and Dr. King at Mound, Louisiana.

Then the beaches are sometimes bothered with sand flies and at a recent conference with Dr. F. C. Bishopp of Washington, D. C., who is in charge of investigations of such insects for the U. S. Department of Agriculture, Bureau of Entomology, it was brought out that no scientific study of this pest had been undertaken, but if sufficient interest was displayed by people along the coasts of Florida, the Bureau might conduct such a study. It is hoped that through the Health Notes there will be many requests sent on to the Bureau at Washington. We know there are many such requests sent to us each year and all we can do is to relay them on. Here is a chance for Chambers of Commerce to start a very worthwhile study. If you are bothered or pestered with sand flies, send word of it to the Bureau of Entomology, U. S. Department of Agriculture at Washington, and we may get this study. Wont you help?

Red Worms in the water! Our usual crop of telegrams, letters and samples of Chironomous, the little flying midge in the red worm stage, will soon be coming in. The flying midge which looks very much like a small mosquito, lays her eggs on the water and the red worms are one stage of the subsequent developments. Open reservoirs in cities are favorite hatching places and these worms seem to like water low in oxygen content, so they are common in artesian free flowing well waters that are stored in open reservoirs. The only remedy we know is covering the reservoirs. We do not know when engineers will all agree as to the necessity of a covered final storage basin but until they do, we in Florida will have our red worms in drinking water. It is fortunate that only a few cities are left with open reservoirs. Ask St. Petersburg how it got rid of red worms! One by one the last few delinquents give up the idea of open reservoirs and the red worm pests disappear.

Swimming Time, but where are you going swimming? The old days of the bend in the creek by the big cypress tree are gone. This is the age of man created pools and the public swimming pools

BUREAU OF ENGINEERING—(Continued)

of the state are under the inspection of the State Board of Health. The following pools have been issued the necessary permit that they are operated in a cleanly manner, the water is of good sanitary quality to start with and details of pool construction are satisfactory. For your local bathing place, ask if it has a State Board Permit, if not ask why:

Altamonte Springs.....	Sanlando Springs.
Arcadia.....	Ryan and Ryan.
Atlantic Beach.....	Atlantic Beach Bath House and Pool.
Bartow.....	Kissengen Springs Pool.
Callahan.....	Gray Gables Swimming Pool.
Chattahoochee.....	Torreya Heights Swimming Pool.
Coral Gables.....	Coral Gables Golf and Country Club. (Venetian)
Daytona Beach.....	Pepps Swimming Pool.
Ft. Myers.....	East End Swimming Pool.
Ft. Myers.....	Municipal Swimming Pool.
Green Cove Springs.....	The Qui-Si-Sana.
Homestead.....	Homestead Swimming Pool.
Jacksonville.....	Church of the Immaculate Conception.
Jacksonville.....	Y. M. C. A. Swimming Pool.
Jacksonville.....	Church of the Good Shepherd.
Jacksonville.....	Municipal Swimming Pool.
Jacksonville Beach.....	Sandpiper Baths.
Kissimmee.....	Gilbert Park Casino
Lake Worth.....	Lake Worth Casino.
Longwood.....	Palm Springs Pool.
Miami.....	Y. M. C. A. Pool.
Miami Beach.....	Smith Casino Swimming Pool.
Melbourne.....	Indialantic Casino.
Melbourne Beach.....	Melbourne Beach Casino.
Orlando.....	Coliseum Swimming Pool.
Palatka.....	Municipal Pool.
Palm Beach.....	Gus Baths, Inc.
Palm Beach.....	Bath and Tennis Club.
Pine Island.....	Pine Island Swimming Pool.
Plant City.....	Coronet Phosphate Co.
Punta Gorda.....	Charlotte Harbor Hotel Swimming Pool.
South Jacksonville.....	Sunshine Swimming Pool.
St. Augustine.....	Vilano Beach Swimming Pool.
St. Augustine.....	Y. M. C. A. Swimming Pool.
St. Petersburg.....	Y. M. C. A. Swimming Pool.
St. Petersburg.....	The Spa.
Sulphur Springs.....	Sulohur Springs Bath House.
Tampa.....	Oak Springs Swimming Pool.
Tampa.....	Y. M. C. A. Pool.
Tampa.....	Tampa Aquatic Club.
Vero Beach.....	Beachland Casino Baths.
White Springs.....	White Springs Baths and Swimming Pool.
Wildwood.....	Jarrell's Bathing Pool.

CHILD WELFARE AND PUBLIC HEALTH NURSING**Mrs. Laurie Jean Reid, R. N. Director****LAYS FAILURES IN SCHOOL TO MALADJUSTMENT**

Many of the persons in charge of the school systems of this country still fail to realize that it is the whole child that goes to school and not merely his intellect, observes Louis A. Lurie in an article on mental hygiene in home and school in the current issue of *Hygeia*.

Teaching a child to become socially adequate should be the aim of the educational system. The greater number of school failures are due to personality difficulties rather than to intellectual deficiencies, Mr. Lurie declares.

Few teachers have any conception of the factors governing human conduct or of the fundamental principles of mental hygiene. For instance, they fail to realize that a child's failure in school may be due to bitterness and strife at home or that wilful misconduct in school may be an attempt to conceal a feeling of inferiority.

Success or failure in school work does not depend on mentality alone, as is obvious from the startling number of college graduates who fail economically and socially.

Schools and colleges have begun to work to correct the situation. Courses in mental hygiene with opportunities for practical application are now offered in most teachers' colleges. An even more valuable step is the establishment of departments of mental hygiene in schools and colleges to work with the students. Mental hygienists believe that with competent psychiatrists and psychologists in charge these departments should prove to be of tremendous value in preventing maladjustments.

Mental hygiene in schools does not mean merely the detection of mental disease or the prevention of breakdowns. Its greatest aim is to help students find their place in life with a minimum of distress and futile floundering. It attempts to give them better understanding of themselves, of their capacities and their shortcomings, which is true vocational guidance.

— F. H. N. —

One by one the old familiar faces of the pioneers in sanitary work in Florida, fade from the picture. In St. Augustine on June 3rd, Julien de Nazarie, Sanitary Officer for the Florida East Coast Railway died in a local hospital from a prolonged illness. Mr. de Nazarie was one of the first sanitary officers with the State Board of Health, coming with the Board on July 1, 1919. He served two years with the State Board of Health and then with the City of Daytona. For the last five years he has been with the Florida East Coast Railway and sanitary conditions along this system's right-of-way speak of his continual efforts to keep things in the best sanitary condition.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DEATHS



In the United States death registration area for 1926, a total of 1,285,927 deaths occurred, representing a death rate of 12.2 per one thousand population. The area for that year comprised forty-one states, the District of Columbia and twenty-five cities in non-registration states with a total estimated population (as of July 1, 1926) of 105,170,000 or 89.8% of the estimated population of the United States.

— F. H. N. —

CASUAL KITTEN MAY PROVE DANGEROUS TO CHILDREN

A privately owned kitten kept in his place is a perfectly proper source of entertainment to his small owner, but the casual cat from the alley comes in for a scoring in Hygeia.

The casual kitten may be entrancing to the baby and even the grown-ups may not be oblivious to his charms, but no one knows the menace he may harbor.

His nose has poked in garbage pails of uncertain vintage. His fur may be the mantle of charity over indiscriminate germs, or, more immediately harrowing, a tribe of hungry fleas.

If the stray cat must stay, a disinfecting bath and thorough-going attention to the possible flea population may admit him to the ranks of family cats. If he is sick or has sore eyes, he is hopeless and should be put out of his misery.

SICKROOM VISITORS SHOULD USE TACT

Visiting the sick is an art that few have learned to practice successfully. To the person who is weak and depressed, visitors are so often a real ordeal instead of a comfort, says Dorothy Blake, who writes in the May Hygeia of some visitors who left her limp and others who brought real cheer.

They all come with the best of intentions, but how many take away more strength than they impart, Mrs. Blake laments. One old lady insisted on talking about deaths and funerals. One caller was a demon housekeeper who with utter lack of tact brought up problems of housekeeping that appalled the weak and listless invalid. Another was a health fiend, who demonstrated her latest form of exercise, incidentally kicking the sick woman's bed.

Others came, bringing happy news of home and babies, and cheerful talk of gardens and spring clothes, just the things to encourage the hospital patient to regain her grasp of life after the shadowy and unreal life she had been leading. These callers had the ideal tone for the sickroom, thoughtfulness and no demand on a brain too tired to think, Mrs. Blake concludes.

BUREAU OF VITAL STATISTICS—(Continued)

In the April, 1928 issue of this publication, deaths and non-resident deaths by color were tabulated for the calendar year 1927 for the state and for the different counties within the state. The requests for similar information by municipalities have been so numerous, that it has been found advisable to publish the tabulations in this issue. Beginning on Page 109, you will find the information to which we referred above for municipalities of one thousand population and over.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
3-06	L. J. Wells	West Bay, Fla.
3-137	Mrs. Vicie Brogan	Bayou George, Fla.
3-167	Mrs. Annie E. Mashburn	Bennett, Fla.
6-06	F. L. Smiley	Deerfield, Fla.
7-02	Charles J. Bailey	Altha, Fla.
10-017	Erma Roberts	Columbia, Fla.
11-08	O. A. Roberts	Hialeah, Fla.
11-10	R. A. Samson	Opa-Locka, Fla.
13-04	Mrs. Thomas A. Foster	Baldwin, Fla.
20-05	M. R. Buckner	Route 1, Black, Ala.
21-107	Mrs. R. D. Bennett	Route A, Grand Ridge, Fla.
22-01	C. K. Murdock	Monticello, Fla.
24-07	Mrs. Maria D. Adams	Sorrento, Fla.
24-12	Mrs. Frank Sharpe	Clermont, Fla.
29-02	Mrs. Belle H. Stanley	Box 95, Greenville, Fla.
29-03	Mrs. A. E. Ragans	Lee, Fla.
31-237	Mrs. J. W. Nichols	Route 1, Summerfield, Fla.
33-05	Miss Kansas Fouraker	Route 1, Bryceville, Fla.
34-137	Mrs. J. W. Powell	Route 1, Crestview, Fla.
39-05	James McKnight	Dunedin, Fla.
40-03	Miss Wilma Dampierre	City Hall, Ft. Meade, Fla.
40-167	Dwight W. Wilson	Homeland, Fla.
41-04	Mrs. Vivian V. Dobson	Welaka, Fla.
42-01	Karl R. Leopold	City Bldg., St. Augustine, Fla.
44-057	Mrs. W. D. Brown	Route A, Milton, Fla.
45-01	H. C. Haskins	Box 859, Sanford, Fla.
45-057	Mrs. C. E. Mariner	Oviedo, Fla.
49-177	Mrs. Josie M. Carter	Osteen, Fla.
51-01	J. F. Powell	DeFuniak Springs, Fla.
51-04	Mrs. W. G. Spires	Darlington, Fla.
52-01	Mrs. C. T. Richards	Chipley, Fla.
52-02	W. W. Mashburn	Caryville, Fla.
55-01	Merton D. Saley	Punta Gorda, Fla.
66-02	F. W. Dole	Fellsmere, Fla.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Municipalities—1927.

CITIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
For Municipalities of 5,000 Population or Over.						
12-51 Arcadia.....	111	82	29	22	20	2
40-52 Bartow.....	99	62	37	20	14	6
30-51 Bradenton.....	97	66	31	4	4	0
39-53 Clearwater.....	94	78	16	16	16	0
49-51 Daytona Beach.....	194	146	48	17	15	2
49-52 DeLand.....	107	72	35	11	9	2
6-51 Ft. Lauderdale.....	114	67	47	7	6	1
25-51 Ft. Myers.....	148	93	55	27	23	4
1-51 Gainesville.....	191	81	110	15	8	7
Jacksonville.....	2,090	941	1,149	262	187	75
13-51 Jacksonville, Except	2,023	899	1,124	256	182	74
13-52 So. Jacksonville Borough	67	42	25	6	5	1
32-51 Key West.....	239	168	71	3	2	1
40-51 Lakeland.....	271	194	77	43	38	5
37-53 Lake Worth.....	60	57	3	5	4	1
11-51 Miami.....	1,256	781	475	98	71	27
49-53 New Smyrna.....	49	35	14	4	4	0
31-51 Ocala.....	163	93	70	36	22	14
35-51 Orlando.....	564	405	159	98	87	11
41-51 Palatka.....	163	65	98	24	9	15
3-51 Panama City.....	29	21	8	0	0	0
14-51 Pensacola.....	519	300	219	23	19	4
19-53 Plant City.....	98	51	47	2	1	1
42-51 St. Augustine.....	240	147	93	34	27	7
39-51 St. Petersburg.....	606	475	131	104	103	1
45-51 Sanford.....	145	47	98	14	11	3
60-51 Sarasota.....	116	77	39	26	19	7
26-51 Tallahassee.....	154	74	80	21	10	11
19-51 Tampa.....	1,277	886	391	124	100	24
37-51 W. Palm Beach.....	387	221	166	39	22	17
40-54 Winter Haven.....	64	53	11	6	6	0
For Municipalities of 2,500 to 5,000 Population.						
15-51 Apalachicola.....	47	18	29	0	0	0
5-52 Cocoa.....	26	13	13	3	2	1
24-52 Eustis.....	32	22	10	5	4	1

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Municipalities—1927.—(Continued)

CITIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
For Municipalities of 2,500 to 5,000 Population—(Continued)						
33-51 Fernandina.....	67	14	53	4	1	3
43-51 Fort Pierce.....	73	50	23	11	9	2
40-57 Haines City.....	35	19	16	3	2	1
36-51 Kissimmee.....	52	42	10	1	1	0
10-51 Lake City.....	134	91	43	16	16	0
40-62 Lake Wales.....	33	20	13	0	0	0
24-51 Leesburg.....	70	28	42	0	0	0
47-51 Live Oak.....	62	30	32	1	1	0
30-54 Manatee.....	73	41	32	6	5	1
21-51 Marianna.....	64	36	28	6	6	0
11-55 Miami Beach.....	9	9	0	6	6	0
54-51 Okeechobee.....	22	18	4	0	0	0
30-53 Palmetto.....	44	22	22	0	0	0
48-51 Perry.....	12	6	6	1	0	1
16-51 Quincy.....	64	38	26	3	3	0
39-52 Tarpon Springs.....	55	42	13	8	8	0
58-51 Wauchula.....	60	53	7	0	0	0
35-52 Winter Park.....	31	18	13	2	1	1
For Municipalities of 1,000 to 2,500 Population.						
35-54 Apopka.....	15	10	5	0	0	0
40-56 Auburndale.....	21	18	3	0	0	0
59-51 Avon Park.....	49	24	25	0	0	0
7-51 Blountstown.....	11	6	5	0	0	0
20-51 Bonifay.....	20	13	7	0	0	0
18-51 Brooksville.....	35	23	12	1	1	0
15-52 Carrabelle.....	12	8	4	1	0	1
27-51 Cedar Keys.....	13	8	5	0	0	0
52-51 Chipley.....	21	13	8	0	0	0
41-52 Crescent City.....	19	13	6	2	1	1
34-53 Crestview.....	15	12	3	2	2	0
38-51 Dade City.....	45	33	12	8	7	1
6-52 Dania.....	4	4	0	0	0	0
51-51 DeFuniak Spgs.....	46	35	11	2	2	0
37-52 Delray.....	27	20	7	2	2	0
39-55 Dunedin.....	21	17	4	2	2	0
31-52 Dunnellon.....	40	13	27	2	0	2
40-63 Frostproof.....	5	5	0	0	0	0

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Municipalities—1927.—(Continued)

CITIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
For Municipalities of 1,000 to 2,500 Population.—(Continued)						
40-53 Ft. Meade.....	33	21	12	1	0	1
21-52 Graceville.....	11	10	1	0	0	0
9-51 Green Cove Spgs.....	30	17	13	2	2	0
39-56 Gulfport.....	3	3	0	0	0	0
1-52 High Springs.....	11	2	9	0	0	0
49-59 Holly Hill.....	9	9	0	0	0	0
11-52 Homestead.....	43	34	9	4	4	0
8-52 Inverness.....	19	7	12	0	0	0
17-51 Jasper.....	48	19	29	0	0	0
49-55 Lake Helen.....	15	11	4	0	0	0
39-54 Largo.....	11	10	1	2	2	0
3-54 Lynn Haven.....	20	17	3	1	1	0
29-51 Madison.....	36	16	20	0	0	0
5-54 Melbourne.....	34	22	12	5	4	1
44-51 Milton.....	17	12	5	0	0	0
22-51 Monticello.....	41	16	25	2	2	0
24-53 Mt. Dora.....	13	12	1	1	1	0
40-55 Mulberry.....	11	5	6	0	0	0
49-54 Ormond.....	19	10	9	1	1	0
37-55 Palm Beach.....	14	13	1	8	7	1
6-53 Pompano.....	14	7	7	1	1	0
19-54 Pt. Tampa City.....	18	8	10	1	1	0
55-51 Punta Gorda.....	39	27	12	4	2	2
16-55 River Junction*.....	457	241	216	6	5	1
39-60 Safety Harbor.....	12	10	2	2	2	0
36-52 St. Cloud.....	86	85	1	3	3	0
59-52 Sebring.....	48	32	16	4	4	0
4-51 Starke.....	23	22	1	0	0	0
67-51 Stuart.....	44	30	14	2	2	0
5-51 Titusville.....	42	28	14	5	3	2
66-52 Vero Beach.....	23	18	5	2	2	0
35-53 Winter Garden.....	19	14	5	2	2	0

* State Hospital Inmates Included.

DIPHTHERIA
can be Prevented!

Toxin-Antitoxin
protects Babies and Children

See your Doctor or Health Officer

Public Health for the Public.

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HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 20

AUGUST, 1928

No. 8

Edited by
STEWART C. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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Address all correspondence care State Board of Health, Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****INDETERMINATE FEVERS**

The time has passed when the diagnosis "fever of unknown origin" should be made without taking into consideration several conditions not met with a few years ago or at least not recognized.

During the past few years a number of cases of Brill's disease have been found and undoubtedly others have been overlooked and cases of tularemia and undulant fever have occurred in Florida, hence all these should be borne in mind in the presence of fevers not corresponding in their clinical aspect to typhoid or other of the more familiar fevers.

Tularemia is acquired from the handling of wild rabbits and cases have been found in nearly every state except the New England group.

Until comparatively recently, Malta fever has been considered as a disease spread only by the milk of infected goats but it is now recognized as a type of undulant fever and that more cases of the latter are caused by the bacillus of contagious abortion which is widespread among the cattle in the United States.

The laboratory at Jacksonville is prepared to make agglutination tests to assist in the diagnosis of any of these conditions and it is suggested that such be requested in any condition where it may aid in the diagnosis.

— F. H. N. —

A regulation requiring residence of two weeks before entering school was adopted last year by the State Board of Health in conference with Superintendent Cawthon. This regulation is still in force and applies after the first week of the school year.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****ICE**

Summer time brings the universal use of ice. Melted ice in our milk, tea, soft drinks, etc., constitutes a goodly portion of our liquid consumption. Yet do we worry where the ice comes from and how it is made? Most of us do not, as long as the ice is transparent and has only a small portion of "white" in it. Many people have the idea that freezing purifies water but it does not. To a large extent the freezing tends to concentrate the organic and inorganic matter in what is known as the core of the cake.

BUREAU OF ENGINEERING—(Continued)

Ice can roughly be divided into three classes in Florida—raw water ice, softened water ice and distilled water ice. By far, the majority of ice is made from partially softened water and most of these modern ice plants are termed "raw water plants". Of course, everyone knows that ice is simply frozen water but how many know anything about the water used for making the ice?

The Engineering Bureau is desirous of running routine bacterial tests and an inspection upon the water used in raw water ice plants, but at present has not the personnel to do it. It is a fact that contaminated water should not be allowed to enter an ice plant, yet very very few manufacturers exercise their privilege of having their water tested by the Bureau.

The Public however, will strenuously kick at "white ice", trash in the cores, etc., little knowing that this material is largely mineral matter concentrated in the freezing process of splinters of wood from the freezing floor covers. Most manufacturers soften their water before freezing but do not exercise strict chemical control and so oftentimes ice with white butts or cores is made. Air agitation is often employed to assist the freezing and to reduce the cores. After the ice cake is partially frozen then the "core" of concentrated material is sucked out and refilled with new water. Sometimes the "cores" are "filled twice" to get clearer ice. Soft water or distilled water gives very little core.

We all know that water in passing through the earth dissolves minerals therefrom, but many fail to realize just what these minerals in solution in water will do to ice. For example, calcium carbonate—limestone—usually present in water in the bicarbonate (soluble) state. From water containing it—and practically all Florida waters do, there is formed a gritty dirty discolored deposit usually in the lower part and center of the cake. This is the main constituent of the common whitish deposits left after melting of ice not softened. Magnesium bicarbonate does the same and aluminum oxide and silica cause a dirty deposit and sediment.

Recent electric refrigeration has caused people to wonder what was the matter with the ice cubes made by the machine as they will oftentimes leave a visible sediment in the bottom of a glass of water, to which they have been added. In the freezing process the water frozen is usually city water and this in Florida is often water beyond the allowable limits for freezing without softening first—hence the precipitate formed which does not readily go back into solution.

Health authorities recommend the chilling of drinks from the outside but practice is to put ice into the drinks—so we must guard the sanitary quality of the water from which our ice is made. It must be of satisfactory bacterial quality to start with and handled in a safe sanitary manner. In addition the chemical nature of the water must be such that the ice is attractive. Very little distilled water ice is now being made and there is no natural ice sold in Florida. Visit your ice plant.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF JUNE, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	843	222	28	132	171	1396
Diphtheria	106	69	9	39	3	226
Typhoid	472	165	59	29	17	742
Malaria	426	156	53	15	41	691
Rabies	25	7				32
Tuberculosis	209	75	9	40	6	339
Gonorrhoea	330	172	21	129	6	658
Kahn Reactions	2880	841		217		3938
Water: Bacterial Ex.		59		127	4	190
Water: Chemical Ex.				127	4	131
Milk: Bacterial Ex.	62	153	77	245	9	546
Milk: Chemical Ex.	64	153	77	145	13	452
Miscellaneous	116	27	12	15	5	175
	5533	2099	345	1260	279	9516
Specimen Containers Distributed						4473

BIOLOGICAL PRODUCTS DISTRIBUTED DURING
JUNE, 1928

Diphtheria Antitoxin.....	10,000 units	34 Packages
	5,000 units	12 Packages
Toxin Antitoxin.....		1,081 C. C.
Vaccine Virus.....		2,872 Capillaries
Typhoid Vaccine.....		5,676 Treatments
Antimeningococcus Serum.....		12 Cylinders
Antirabic Virus.....		32 Treatments
Carbon Tetrachloride.....		1,844 Capsules

TETANUS ANTITOXIN

IT IS NOW POSSIBLE TO SECURE TETANUS ANTITOXIN
AS FORMERLY ON REQUEST TO OUR LABORATORIES.

TETANUS ANTITOXIN IS NOT CARRIED AT ANY OF
THE ANTITOXIN STATIONS BUT MUST BE OBTAINED DI-
RECT FROM STATE BOARD OF HEALTH LABORATORIES.

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N. Director

THE CHILD

Child Welfare is a much used phrase today, and covers a wide field of endeavor. That covering the health field is classed as child hygiene, and Dr. Josephine Baker in her excellent book on this subject says:

"The relation of child health to the welfare of the nation has long awaited recognition. 'The Century of the Child' has now arrived. We know that any effort directed toward the true conservation of our national resources must begin with the conservation of child life. A nation is no stronger than the people who compose it. The health, vigor, and vitality of each adult generation depend upon the health of the children of the preceding generation. A high infant and child mortality rate is usually an indication of gross neglect; a high infant and child sickness rate and a high incidence of physical unfitness during childhood are a menace to civilization. Happily we have made a definite start toward our goal of universal child health. New features, new methods, and new ideas are constantly being brought forward and acted upon. Old methods are being discarded. A more extended knowledge of the subject may be acquired by reference to the great mass of literature on child hygiene that is available, and an intimate study of the work in this direction that is now being carried on.

"Child hygiene or public-health work for children differs in an essential particular from every other public-health effort. Children constitute an age group. Child hygiene concerns itself with everything that affects the health of the child, from the beginning of the prenatal period to the end of adolescence. Its success depends upon the recognition that everything that concerns life in any way concerns the child more definitely than it does the adult. Other types of public-health work generally deal with a function or a special condition. Child hygiene deals with all of them as they affect the health of the child. More particularly it is concerned with the child as an individual and children as a group.

"From the health point of view, proper sanitation, decent living conditions, and the essential hygiene that makes for physical well-being should be a part of the child's earliest surroundings and influence the formation of his health habits.

"Not only do the early material surroundings affect the health of the child, but also those more elusive matters that pertain to calmness, dignity, and balance, as opposed to irritability, shiftlessness, and lack of responsibility. So our ideal home for the child must have within itself the material and spiritual environmental conditions that make for sound physical and mental health. Happily these are within reach of all."

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****VACATION DANGERS**

It is not yet too late to guard against many of the hazards incident to the travel and changed environment of vacation.

Whether we are injured or made ill by our own carelessness or that of another, matters little and if we die of typhoid or in a crossing accident, we are dead and that's the end of us.

Before we start we should see that all are immune to smallpox, typhoid and diphtheria. The family doctor has attended to that if given the opportunity, for in spite of all precautions we may be exposed to communicable diseases.

Suppose we spend our vacation in the mountains. Many do that and it is a good place to go. We will travel in the car, of course, the whole family, and the older members will drive, taking turns at the wheel to avoid too great fatigue. Let us have it understood and agreed that whoever is driving will sacrifice speed in the interest of safety. Close attention and care on slippery roads, steep hills, sharp turns and crossings will reduce to a minimum the danger of a bad wreck.

Of course, we will eat only clean, wholesome food in screened dining rooms and drink only from water supplies that are guarded from contamination with typhoid and other disease producing germs. We will avoid sleeping in unscreened or poorly screened rooms, particularly in regions where malaria may be contracted. If we swim we will go only in pools known to be clean and we will avoid taking undue risk of drowning or breaking our necks by diving into shallow water.

We will do well to learn something about the appearance of poison ivy and try to avoid the bites of pestiferous insects, red bugs, fleas, ticks, etc., and take along together with the iodine and bandages in the first aid kit, some insect repelling spray and a lotion to relieve the discomfort if bitten.

If any member of the party feels ill it will be wise to consult a doctor at once, as delay and continued travel might prove very dangerous to the patient as well as the others.

Vacation time is not a loafing time but one of new activities and environment. If adequate care is taken to avoid disease, fatigue and physical hazards, vacationers should return to their work refreshed in mind and body and take up their duties with new zeal.

— F. H. N. —

Good health can with a reasonable degree of certainty be procured by the proper activity.

Even if good health were much more expensive than bad health it would be worth the price, but bad health is the more costly.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

ANNUAL REGISTRATION HEALING ARTS



The medical registration law requires annual registration with the State Board of Health of all practitioners of every healing art. This law, passed by the legislature of 1927, was endorsed by the medical conference, consisting of the officers of the Florida Medical Association, the members of the State Board of Health and the members of the State Board of Medical Examiners. The placing of this law in the statute books of Florida has received favorable comment and the State of Florida has been congratulated on the progress made in having had a law passed requiring medical registration.

The importance of registering has evidently not been impressed on some of the professional men who are now practicing under Florida licenses. They evidently do not realize that it is unlawful to practice the healing art until they have received their certificate of registration as required by the law referred to above. An application was mailed to every individual on lists submitted by the secretaries of the State examining boards. These application blanks were mailed the first of October last year and the law requires the certificate of registration to be issued the first of January.

To those who have not yet registered, it might be interesting to know that the names and addresses of those who have registered will be published and the fact that your name does not appear in the official published list will be evidence that you did not comply with the law and that you are practicing in violation of the law. This matter is called to your attention, not because the State Board of Health is urging the matter, but because this annual registration of doctors was promoted and the law passed largely through the efforts of the doctors themselves, and in justice to those who are practicing without their certificates of registration, this matter is brought up at this time. Publicity has been had through the Associated Press and different newspapers, through the columns of the Medical Journal and the Health Notes. If you have not registered for 1928, write to this department for an application blank at once.

It is interesting to note the percentage of registration among those licensed in the different professions.

HEALING ARTS	M. D.	D. O.	D. C.	N. D.	Pod.	TOTAL
Licensed	1,867	204	241	112	76	2,500
Registered	1,116	187	118	87	55	1,563
Not registered	751	17	123	25	21	937
% Registered	60%	92%	49%	78%	72%	63%

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Municipalities—1927

CITIES	Total		White		Colored	
	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births
For Municipalities of 5,000 Population or Over						
12-51 Arcadia.....	17	120	11	111	6	140
40-52 Bartow.....	13	79	6	56	7	123
30-51 Bradenton.....	6	42	5	42	1	42
39-53 Clearwater.....	10	57	3	24	7	137
49-51 Daytona Beach.....	19	64	16	81	3	30
49-52 DeLand.....	5	27	1	8	4	73
6-51 Ft. Lauderdale.....	19	80	7	41	12	185
25-51 Ft. Myers.....	18	59	10	46	8	94
1-51 Gainesville.....	21	77	8	47	13	131
Jacksonville.....	219	66	113	50	106	98
13-51 Jacksonville, Except	206	65	106	50	100	96
13-52 So. Jacksonville Borough	13	80	7	57	6	150
32-51 Key West.....	29	89	19	74	10	141
40-51 Lakeland.....	33	63	22	51	11	121
37-53 Lake Worth.....	5	42	4	35	1	250
11-51 Miami.....	200	72	109	55	91	116
49-53 New Smyrna.....	5	60	5	94	0	0
31-51 Ocala.....	7	29	6	38	1	12
35-51 Orlando.....	80	96	47	74	33	164
41-51 Palatka.....	28	138	5	48	23	232
3-51 Panama City.....	7	80	4	68	3	103
14-51 Pensacola.....	76	98	53	85	23	151
19-53 Plant City.....	13	46	5	23	8	125
42-51 St. Augustine.....	23	80	15	70	8	108
39-51 St. Petersburg.....	60	67	37	55	23	98
45-51 Sanford.....	19	73	3	23	16	121
60-51 Sarasota.....	11	41	8	36	3	67
26-51 Tallahassee.....	13	49	6	41	7	57
19-51 Tampa.....	154	62	111	55	43	93
37-51 W. Palm Beach.....	56	85	29	66	27	122
40-54 Winter Haven.....	9	58	5	41	4	121
For Municipalities of 2,500 to 5,000 Population						
15-51 Apalachicola.....	2	34	1	40	1	29
5-52 Cocoa.....	3	48	0	0	3	115
24-52 Eustis.....	2	29	0	0	2	91

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Municipalities—1927—(Continued)

CITIES	Total		White		Colored	
	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births
For Municipalities of 2,500 to 5,000 Population—(Continued)						
33-51 Fernandina.....	11	133	7	140	4	121
43-51 Fort Pierce.....	10	58	7	65	3	45
40-57 Haines City.....	5	62	5	85	0	0
36-51 Kissimmee.....	6	65	4	53	2	118
10-51 Lake City.....	10	83	5	54	5	179
40-62 Lake Wales.....	8	71	6	91	2	43
24-51 Leesburg.....	15	123	5	67	10	213
47-51 Live Oak.....	11	115	3	53	8	205
30-54 Manatee.....	7	69	6	83	1	34
21-51 Marianna.....	10	92	5	81	5	106
11-55 Miami Beach.....	0	0	0	0	0	0
54-51 Okeechobee.....	3	68	3	91	0	0
30-53 Palmetto.....	7	69	5	98	2	40
48-51 Perry.....	1	14	0	0	1	31
16-51 Quincy.....	7	71	5	75	2	63
39-52 Tarpon Springs.....	5	53	4	49	1	77
58-51 Wauchula.....	10	69	9	64	1	333
35-52 Winter Park.....	5	88	4	111	1	48
For Municipalities of 1,000 to 2,500 Population						
35-54 Apopka.....	4	167	3	176	1	143
40-56 Auburndale.....	1	14	1	15	0	0
59-51 Avon Park.....	9	106	2	32	7	304
7-51 Blountstown.....	3	77	2	80	1	71
20-51 Bonifay.....	3	97	2	77	1	200
18-51 Brooksville.....	3	67	2	59	1	91
15-52 Carrabelle.....	3	100	2	95	1	111
27-51 Cedar Keys.....	2	69	2	77	0	0
52-51 Chipley.....	4	100	3	100	1	100
41-52 Crescent City.....	0	0	0	0	0	0
34-53 Crestview.....	0	0	0	0	0	0
38-51 Dade City.....	5	82	4	98	1	50
6-52 Dania.....	0	0	0	0	0	0
51-51 DeFuniak Spgs.....	9	127	8	151	1	56
37-52 Delray.....	4	58	4	87	0	0
39-55 Dunedin.....	7	280	5	294	2	250
31-52 Dunnellon.....	6	171	4	250	2	105
40-63 Frost Proof.....	0	0	0	0	0	0

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Municipalities—1927—(Continued)

CITIES	Total		White		Colored	
	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births	Deaths Under 1 Year	Rate Per 1000 Births
For Municipalities of 1,000 to 2,500 Population—(Continued)						
40-53 Ft. Meade.....	2	47	0	0	2	133
21-52 Graceville.....	1	29	1	34	0	0
9-51 Green Cove Spgs....	4	58	3	73	1	36
39-56 Gulfport.....	0	0	0	0	0	0
1-52 High Springs.....	3	47	2	39	1	77
49-59 Holly Hill.....	1	71	1	83	0	0
11-52 Homestead.....	4	66	2	57	2	77
8-52 Inverness.....	1	37	1	71	0	0
17-51 Jasper.....	5	77	2	54	3	107
49-55 Lake Helen.....	2	100	0	0	2	167
39-54 Largo.....	2	54	2	60	0	0
3-54 Lynn Haven.....	1	53	0	0	1	143
29-51 Madison.....	7	69	4	103	3	48
5-54 Melbourne.....	4	87	1	42	3	136
44-51 Milton.....	2	25	1	14	1	125
22-51 Monticello.....	2	43	0	0	2	69
24-53 Mt. Dora.....	1	43	1	56	0	0
40-55 Mulberry.....	3	61	1	33	2	105
49-54 Ormond.....	1	43	0	0	1	83
37-55 Palm Beach.....	0	0	0	0	0	0
39-57 Pinellas Park.....	0	0	0	0	0	0
6-53 Pompano.....	3	59	2	71	1	43
19-54 Pt. Tampa City.....	2	167	1	111	1	333
55-51 Punta Gorda.....	5	109	2	51	3	429
16-55 River Junction*.....	10	143	8	140	2	154
39-60 Safety Harbor.....	2	87	2	143	0	0
36-52 St. Cloud.....	0	0	0	0	0	0
59-52 Sebring.....	3	30	3	37	0	0
4-51 Starke.....	0	0	0	0	0	0
67-51 Stuart.....	2	36	0	0	2	111
5-51 Titusville.....	6	105	4	100	2	118
66-52 Vero Beach.....	4	114	2	74	2	250
35-53 Winter Garden.....	3	55	3	70	0	0

* State Hospital Inmates Included.

BILL JONES' SON *learns* HISTORY



Junior: Dad, tell me something new about George Washington, before I go to school.
Bill Jones: Well, he was never vaccinated.



Teacher: Who can tell me something new about George Washington?
Junior: My father says he was never vaccinated.



Teacher: Why not?
Junior: He lived before Dr. Jenner discovered vaccination.



Teacher: And ----
Junior: --- And Washington had a bad case of smallpox.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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STATE BOARD OF HEALTH

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Vol. 20

SEPTEMBER, 1928

No. 9

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****HEALTH CONDITIONS IN FLORIDA**

Much has been said about the future of the state from a health standpoint but I firmly believe the most optimistic has failed to grasp the possibilities of the future along this line.

Fortunately the foundation was well and carefully laid by that great benefactor of the state—the late Dr. Joseph Y. Porter—and the work must be carried on, but even now, only a comparatively few years since people thought of Florida as a state in which it was safe to live for but a few months in the year, we can show a death rate among the white population that compares favorably with that of any of the states and this in spite of the fact that large numbers of the aged and invalid spend longer and longer “seasons” in the state.

A great mistake is made by many, who have spent the winter here, in returning to their homes too early in the spring. Every year we learn of those who have returned to their northern cities only to succumb to pneumonia which could have been avoided by waiting until the cold and dampness had passed. True, this lesson is being learned but each year thus far has added its quota to the list of those who have left the state too early.

In these days when the value of the sun's rays as a healing agent is beginning to be realized, the eyes of the country are turning more and more toward Florida where the people can live out of doors all the year and where we have a maximum amount of sunshine both summer and winter.

Just a word about the summers in Florida (and lest some may think me prejudiced, let me say at the outset that for over two score of years I lived in New England). The summers are unlike what most who have not tried them think, for they are very comfortable and people do not suffer from the heat in this state as they do in the great cities of the north such as Boston, New York, Philadelphia, Chicago and St. Louis. Deaths from the effects of heat are quite common in the northern cities during the heat waves that occur every summer but they are rare in Florida.

Our water supplies are chiefly from deep wells and are safe. Endemic goiter is not seen.

With the advancing knowledge as to the utilization of the curative effect of the rays of the sun, the future of the state as a health resort seems to be assured and it is predicted that within a very few years Florida will be known as the best state in the union for the cure of chronic diseases including tuberculosis.

Fresh fruits and vegetables all winter long are great aids toward making healthy citizens and they can be had in abundance in this state as can so many varieties of fresh and salt water fish and other forms of sea food including oysters, clams, shrimp and crawfish.

ADMINISTRATION—(Continued)

Other aids in making for a healthful citizenry are the golf courses, tennis courts, lakes, rivers, ocean, gulf, beaches, woods and highways, one or more of which will appeal to every one. And remember, the season is from January 1st to December 31st, except for game and fish which naturally have a closed season lasting for some months. Florida extends an invitation to come, see and be convinced.

—Written for Orange County Chamber of Commerce.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

THE CHILD AND THE SCHOOL

Vacation days will soon be over, and in a few short weeks the streets and highways will echo to the tread of the thousands of children on their way to school, most of them with bright faces in anticipation of the happy days ahead. Sweet, dear children, all of them, and not only the pride of fond parents' hearts, but the hope of our cities, states, and nation.

A great statesman has said, "The children are the army by which we march to progress." What kind of citizens will these children make whom we see daily as they go their various ways? That depends upon what parents, teachers, in fact, all who have the responsibility of their care, have done and will do for them. There must be a right goal for each year of the child's life, physical, mental, moral, and spiritual. Few children, if any, drift toward this goal. There must be an intelligent hand at the wheel.

There should be clearly defined standards of health, also of progress mentally from year to year. There must be careful study of the individual child.

Does the child enter school in perfect health with all physical defects corrected, measuring up to normal weight, with the health habits of bathing, brushing teeth, sleeping, and exercising in open air, eating the food necessary to build a strong body, and bright mind? Have they been protected by inoculation from infectious diseases, such as diphtheria, small-pox, and typhoid fever? Are the buildings and surroundings to which we send them in such a condition that the health of the children will not be impaired? Do toilets meet State requirements, are other conditions pertaining to health as they should be, as to heating, ventilation, lighting, cleanliness, seating right for each child, drinking water pure and properly dispensed, washing facilities adequate, and playgrounds equipped for healthful play, and properly supervised? Will those teaching your children stimulate competition in health efforts, such as daily health habits instruction and the correction of physical defects? Are there sufficient numbers of school physicians and nurses so that all children may have the proper medical inspection and school and home health inspection?

"Everywhere this day let thoughtful people renew their efforts to assure to every child the complete birth-right of a sound mind in a sound body."

Is the child prepared for school, and is the school ready for the child?

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****COUNTY HEALTH UNITS**

In the United States on January 1, 1928, there were 414 counties organized for public health activity on a full time basis. These are distributed over 34 states. Ohio leads with 47 county units. Three Florida counties are organized: Polk, Sarasota and Manatee. The same health officer serves both Sarasota and Manatee Counties.

Following the Mississippi River flood in the spring of 1927, and prompted by the evident need for and benefits derived from health service, 78 counties in the flooded area organized for full time health units.

The full time county health unit idea has gained favor for many years. The plan is fostered by the U. S. Public Health Service, the International Health Board and State Boards of Health. Many of the units are financed jointly with county funds together with money received from one or more of the above named organizations. State Boards of Health co-operate with county units and usually supervise their activities to some extent. The units now operating in Florida are financed with local funds.

Specific legislative authority for the expenditure of money from county funds for county health work seems to be lacking. For certain counties this authority has been granted by special legislation but to obviate delay, extra expense and annoyance it seems desirable that this authority be granted to any county by the passing of a general bill setting forth certain minimum standards, duties and limitations to govern the operation of county health units. To that end there has been prepared by the writer, a proposed law embodying only provisions that have seemed essential. This proposed law has been submitted to recognized health authorities whose suggestions have been most helpful in making the final draft of the bill.

Inquiries and suggestions regarding the provisions and enactment of this law would be most welcome.

— F. H. N. —

SUMMER CLINICS

Due to the school vacation period the State Board of Health immunization program tends to slump during the summer months but this year there has been found more than the usual interest in health protection. In some sections this has been due to danger from or actual cases of communicable diseases. In other sections special interest was stimulated by means of newspaper publicity furnished by the Field Medical Officers, distribution of bulletins, personal contact and health films.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****IT CAN BE DONE**

When a city sets out to build a water or sewer system, it usually carries the project through to completion. When it sets out to do mosquito control, it often quits when the mosquitoes cease to be pestiferous or the fevers transmitted by the mosquito die out. But Miami Beach, along in April, made up its mind to go after the mosquito nuisance and the following report by Mr. H. R. Daniel speaks for itself. City Manager Renshaw, the City Commission, Dr. Roche, the City Health Officer, and Mr. E. R. Neff, City Engineer, are also in the thick of the fight. Not only have they decided to clean up all breeding places for both fresh and salt marsh types of mosquitoes on Miami Beach, but they are fostering a movement that will create county-wide control of the mosquito. If their plans carry on, and we think they will, within five years, the Greater Miami area will be as well known as a summer resort as it is a winter resort. We quote from Mr. Daniel's report:

"Inspectors made a survey of the whole city, visiting every house and furnished the information as per card attached. Special attention was given to permanent breeding places such as cisterns, fountains, fish pools, bird baths, etc. In the event that such breeding places have been found in the neighborhood or on the premises, the owners or tenants were advised what to do in each case.

"One inspector was employed to devote his time especially on cisterns. There are at present, 286 cisterns connected with residences, hotels, and apartment houses in the city. Inspections have been made, followed by letters asking the owners or tenants to cooperate with the city in its endeavor to control the mosquito menace. Three complete reinspections of cisterns have been made, and at the same time requesting and aiding owners of cisterns in getting rid of them or making them mosquito-proof. More than 90% of the cisterns in the city have been found mosquito-proof to date.

"Locations of all houses have been checked, legal description of each property established, and the ownership determined for the purpose of taking up different matters with the property-owners. This work required considerable time, and was done very carefully, as it is the first record of all the buildings in the city.

"A map has been prepared showing each and every building, its correct location, its street number, marked on the map. There have been used two symbols, to-wit: a cross mark for any kind of building for general or public use; and a square mark for private buildings. This map shows also the location of 71 acres of mangrove lands where the mangroves have been cut down and burnt, and 17,750 lineal feet of ditches have been dug for drainage purposes. The purpose of ditching these low, marshy, mangrove lands is to drain all these places with the least possible cost, and thereby eliminate mosquito breeding places.

BUREAU OF ENGINEERING—(Continued)

"When ditching was in process, stagnant water was kept oiled until the ditches were connected with the canal waterway. Now that connections have been established, minnows have come up these ditches and helped us solve our problem.

"The cost of this was: 70 acres of mangrove cut and burnt, \$2,130.00; 8,200 lineal feet of 4' x 1½' ditches outside of mangrove lands, \$820.00; 9,500 lineal feet (same width and depth) ditches inside mangrove lands, \$1,050.00; 500 cubic yards fill, \$250.00. Total, \$4,250.00. Outside of this amount, there was approximately \$640.00 spent on additional construction work such as laying the culvert pipes across the streets, etc. This amount also includes the cost of survey, design, supervision and other incidental expenses.

Other Matters Accomplished To Date

(Aug. 10, 1928)

"Buildings inspected, 1,643. These were found in the following conditions: good, 837; fair, 409; bad, 371; very bad, 26. Notices mailed, 650; truck service, 142; cisterns reported, 286. Cisterns have been reinspected three times and found as follows: good, 261; bad 25. Notices to remove or screen cisterns, 115. (Some of those notified have more than one house with cisterns. Some of the owners could not be reached.)

"Catch basins have been continually sprayed once a week, taking as much time as one and one-half days in a week. Materials used: kerosene, 1,100 gallons; cylinder oil, 4,000 gallons, 1 truck, 1 spraying machine, 1 knapsack spray. Expenditures: salaries and wages, \$1,400; miscellaneous, \$196.45; total, \$1,596.45.

"Since the month of May, 1928, a graphical chart has been kept giving the following information for each day: phases of the moon, low and high tide with elevation and time; Weather Bureau daily report; direction and average velocity of the wind; precipitations per day; reports of number and types of mosquitoes found in six different buildings in the city. Daily observations of mosquitoes found in the city were (1) very many; (2) many; (3) few; (4) very few; (5) none.

"There is a map in process of preparation which will show all storm-sewers, catch basins, depressions on the ground which are liable to hold rain water for a certain length of time, and other things which may require oiling and special attention with this work.

"Matters accomplished have shown very encouraging results. Now that we have made a good beginning, we are keeping on with the work with the expectation to successfully accomplish what we set forth to do."



BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DEATHS DUE TO AUTOMOBILE ACCIDENTS



Florida ranks second on the honor roll of the states which have made an improvement in 1927 by reducing the number of deaths from automobile accidents, as compared with the previous year, according to figures compiled by the National Automobile Chamber of Commerce and released March 28, 1928, as follows:

	1927	1926	Decrease
Arkansas	153*	155*	.0129
FLORIDA	427	512	.1660
Illinois	1647*	1776*	.0726
Massachusetts	693*	705*	.0170
Montana	73	94	.2244
New Hampshire	58	62	.0645
New Mexico	53	54	.0185
Oklahoma	319	320	.0031
Rhode Island	115	126	.0873
South Dakota	75	86	.1279

* Includes collisions with heavier vehicles.

A decrease of more than 16% is the record for Florida and is surpassed by only one other state which was Montana with a record of having reduced motor fatalities by 22%. Conditions did not improve, however, for the entire country, as the increase in automobile traffic deaths was 8%.

A statement just received from the National Safety Council indicates that forty-five miles an hour is the maximum speed limitation in any state. Florida and Montana, the two states listed above as having made the greatest reductions in deaths from automobile accidents in 1927 as compared with the previous year, have laws allowing forty-five miles an hour as a maximum. All of the other



BUREAU OF VITAL STATISTICS—(Continued)

states listed have a maximum speed limitation of thirty-five miles or less. It is of considerable interest to note that the two states allowing the highest speed limitations by law show the greatest decrease in number of deaths from automobile accidents.

The statement has been made that automobile deaths increase with "good weather and improved roads". The reverse has taken place in Florida. Miles and miles of improved roads were built last year and it is admitted that the year round weather in this State cannot be equaled for health and happiness.

A comparison for the state of Pennsylvania illustrated the fact that while the rate based on population has steadily increased since 1906, the rate of automobile killings to the number of automobiles has stood stationary. In 1906 the population increased .1, and the automobile killings to the number of automobiles 1.7. In 1916 the population increased 7.9, rate of automobile killings to the number of automobiles 2.9. In 1926 the two rates were 18.4 and 1.2. Approximately 400,000 motor vehicles were registered in Florida for 1927 with a total of 427 deaths registered for the same year. The death rate from automobile accidents last year is the lowest since 1924. The death rate from automobile accidents increased every year from 1921 to 1926, inclusive. The rate for 1927 per 100,000 population was 29.5.

DEATHS FROM AUTOMOBILE ACCIDENTS AND DEATH
RATES PER 100,000 POPULATION, BY COLOR,
1917-1927 INCLUSIVE.

Year	Total	Rate	White	Rate	Colored	Rate
1927	427	29.5	323	32.3	104	23.3
1926	512	37.0	396	41.6	116	26.9
1925	454	34.4	346	38.3	108	26.0
1924	243	19.4	168	19.6	75	18.7
1923	178	14.9	137	17.0	41	10.7
1922	122	10.8	103	13.6	19	5.1
1921	93	8.7	77	10.8	16	4.5
1920	107	10.7	80	12.1	27	8.0
1919	57	6.0	47	7.5	10	3.0
1918	50	5.3	33	5.4	17	5.2
1917	53	5.8	40	6.8	13	4.0

Until 1920 trains were considered more deadly than automobiles. Since that date, however, the death toll from automobile accidents has increased very rapidly and has, therefore, attracted much more attention in recent years than train accidents. During the calendar year 1927 there was a total of 105 deaths in this state caused from railroad accidents. Twenty-one of these deaths were caused by collisions of trains and automobiles, leaving a net total of 84 deaths from railroad accidents as compared with a total of 427 deaths from automobile accidents. The death toll was greater last year from a number of other causes as compared with train accidents;

BUREAU OF VITAL STATISTICS—(Continued)

traumatism by fire arms 109 deaths, accidental drowning 217, burns 125, traumatism by falls 126.

A road map of Florida has been used to show graphically the place of accident and place of death in the cities and along the highways. It is interesting to note an accident which occurred in Virginia terminating in death at Jacksonville. In another case the accident occurred in the state of Georgia, the death occurring at Jacksonville. On the east coast one accident occurred north of Ft. Lauderdale and death occurred in the city of Orlando. In another case an accident occurred on the highway near Brooksville while the death occurred in the city of Tampa. In another instance an accident occurred between Leesburg and Mt. Dora and the death occurred in Orlando. An accident occurred north of Williston and the death took place in Lake City. An accident near DeFuniak Springs caused a death in Pensacola. A conventional map has been prepared to prove the necessity of an intensive study in connection with automobile accidents and deaths when considering the death rate of any city. Hospitalization, competent physicians and many other factors play an important part in death rates from automobile accidents. In other cases the injured person may live to reach his intended destination and then fail to recover from the results of the accident. Sometimes an accident is caused by careless drivers or defects in cars. In other instances, however, accidents may be caused by billboards forming blinds at sharp turns in the highway, bridges needing repairs, and the lack of necessary safeguards for the traveler.

Space will not permit conventional maps to be shown for each city. It would be a valuable service to the city for the safety department to have a spot map prepared showing the places of accidents and thus reveal dangerous locations which may be readily safeguarded if called to the attention of those in authority.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
3-06	Mrs. Manda Graves.....	R. F. D. 1, Ebro, Fla.
16-02	Miss Elsie Gee.....	Havana, Fla.
18-077	O. S. Rowlett.....	Richloam, Fla.
33-02	Edwin C. Brown.....	Callahan, Fla.
33-077	P. B. Haddock.....	R. F. D. 2, Hilliard, Fla.
35-10	W. W. Pharr.....	R. F. D. 1, Orlando, Fla.
35-137	Mrs. Lily E. Cowdery.....	Box 106, Vineland, Fla.
37-02	Frank Dean.....	Box 233, Delray Beach, Fla.
42-01	C. C. Johnson.....	Box 1016, St. Augustine, Fla.
46-07	Mrs. W. C. McLeod.....	Sumterville, Fla.
49-03	M. L. Fuller.....	< New Smyrna, Fla.
51-087	Mrs. Edna Cosson.....	R. F. D. 1, Box 43-A, DeFuniak Springs, Fla.
60-02	Dr. Mary W. Green.....	Sarasota, Fla.
63-01	M. J. Bush.....	LaBelle, Fla.
63-02	M. H. Silas.....	Sears, Fla.
63-017	J. A. McGehee.....	Clewiston, Fla.

BUREAU OF VITAL STATISTICS—(Continued)

Deaths caused by Automobiles and Location of Fatal Accidents by Color and by Cities—1927.

CITIES	DEATHS			ACCIDENTS		
	Total	White	Colored	Total	White	Colored
Municipalities Over 10,000 Population						
49-51 Daytona Beach.....	7	6	1	6	5	1
6-51 Ft. Lauderdale.....	5	4	1	3	2	1
Jacksonville.....	50	35	15	37	23	14
13-51 Jacksonville, Ex.....	49	34	15	33	20	13
13-52 So. Jax Boro.....	1	1	...	4	3	1
32-51 Key West.....	2	2	...	2	2	...
40-51 Lakeland.....	13	12	1	9	8	1
11-51 Miami.....	48	36	12	46	34	12
35-51 Orlando.....	14	13	1	7	6	1
14-51 Pensacola.....	12	7	5	5	4	1
42-51 St. Augustine.....	3	2	1	5	3	2
39-51 St. Petersburg.....	9	5	4	9	5	4
26-51 Tallahassee.....	5	1	4	4	1	3
19-51 Tampa.....	24	20	4	22	18	4
37-51 West Palm Beach.....	10	6	4	6	4	2
Municipalities 5,000 to 10,000 Population						
12-51 Arcadia.....	6	6	...	...	...	...
40-52 Bartow.....	4	3	1	3	2	1
30-51 Bradenton.....	5	5	...	2	2	...
39-53 Clearwater.....	2	2	...	1	1	...
49-52 DeLand.....	5	4	1	2	1	1
1-51 Gainesville.....	7	2	5	4	2	2
31-51 Ocala.....	12	8	4	6	3	3
41-51 Palatka.....	2	1	1	1	...	1
3-51 Panama City.....	1	1	...	...	...	...
19-53 Plant City.....	1	1	...	1	1	...
45-51 Sanford.....	2	2	...	2	1	1
60-51 Sarasota.....	7	6	1	7	6	1
40-54 Winter Haven.....	...	...	...	1	...	1
Municipalities 2,500 to 5,000 Population						
15-51 Apalachicola.....	1	1	...	1	1	...
33-51 Fernandina.....	1	...	1	1	...	1
43-51 Ft. Pierce.....	1	1	...	1	1	...
40-57 Haines City.....	3	2	1	2	2	...
36-51 Kissimmee.....	2	2	...	...	...	...
10-51 Lake City.....	3	3	...	...	...	...

BUREAU OF VITAL STATISTICS—(Continued)

Deaths caused by Automobiles and Location of Fatal Accidents by
Color and by Cities—1927—(Continued)

CITIES	DEATHS			ACCIDENTS		
	Total	White	Colored	Total	White	Colored
Municipalities 2,500 to 5,000 Population (Continued)						
40-62 Lake Wales.....	1	1	...	...	...	...
24-51 Leesburg.....	1	...	1	1	...	1
47-51 Live Oak.....	...	...	...	1	1	...
21-51 Marianna.....	3	2	1	2	2	...
49-53 New Smyrna.....	2	2	...	1	1	...
16-51 Quincy.....	2	2	...	1	1	...
39-52 Tarpon Springs.....	3	2	1	2	1	1
58-51 Wauchula.....	2	2	...	2	2	...

Municipalities 1,000 to 2,500 Population

35-54 Apopka.....	1	...	1	1	...	1
59-51 Avon Park.....	...	...	...	1	1	...
18-51 Brooksville.....	5	5	...	2	2	...
15-52 Carrabelle.....	1	1	...	1	1	...
27-53 Chiefland.....	...	...	...	1	1	...
5-52 Cocoa.....	1	...	1	1	1	...
41-52 Crescent City.....	1	1	...	1	1	...
38-51 Dade City.....	2	1	1	...	...	...
51-51 DeFuniak Springs.....	...	...	...	1	1	...
31-52 Dunnellon.....	1	...	1	...	...	...
24-52 Eustis.....	1	1	...	1	1	...
40-53 Ft. Meade.....	2	1	1	...	...	...
9-51 Green Cove Springs	1	1	...	1	1	...
11-52 Homestead.....	2	2	...	1	1	...
8-52 Inverness.....	...	...	...	1	1	...
17-51 Jasper.....	1	1	...	1	1	...
29-51 Madison.....	2	1	1	3	1	2
5-54 Melbourne.....	1	1	...	1	1	...
16-55 River Junction.....	4	4	...	4	4	...
39-60 Safty Harbor.....	...	...	...	1	1	...
36-52 St. Cloud.....	1	1	...	1	1	...
59-52 Sebring.....	1	1	...	1	1	...
4-51 Starke.....	1	1	...	2	1	1
67-51 Stuart.....	4	4	...	2	2	...
5-51 Titusville.....	1	1	...	...	...	...
66-52 Vero Beach.....	1	1	...	1	1	...
35-53 Winter Garden.....	1	1	...	2	2	...

Municipalities 500 to 1,000 Population

1-54 Alachua.....	1	1	...	1	1	...
58-53 Bowling Green.....	...	...	...	1	1	...
33-52 Callahan.....	...	...	...	1	...	1
52-52 Caryville.....	1	1	...	1	1	...

BUREAU OF VITAL STATISTICS—(Continued)

Deaths caused by Automobiles and Location of Fatal Accidents by
Color and by Cities—1927—(Continued)

CITIES	DEATHS			ACCIDENTS		
	Total	White	Colored	Total	White	Colored
Municipalities 500 to 1,000 Population (Continued)						
24-56 Clermont.....	1	...	1	...	...	...
11-56 Coral Gables.....	2	2	...	...	...	...
34-53 Crestview.....	1	1	...	...	...	...
8-51 Crystal River.....	1	1	...	1	1	...
1-53 Newberry.....	1	1	...	...	...	...
49-61 Port Orange.....	1	1	...	1	1	...
24-55 Tavares.....	1	...	1	...	...	...
24-54 Umatilla.....	1	1	...	1	1	...
17-52 White Springs.....	1	1	...	1	1	...
46-51 Wildwood.....	1	1	...	1	1	...
27-52 Williston.....	1	1	...	2	2	...
Municipalities under 500 Population						
31-53 Anthony.....	1	...	1	1	...	1
13-54 Baldwin.....	...	...	...	1	...	1
37-56 Boca Raton.....	...	...	...	1	...	1
11-57 Hialeah.....	...	...	...	1	1	...
6-56 Hollywood.....	2	2	...	1	1	...
61-51 Lake Butler.....	...	...	...	1	1	...
38-54 Lake Jovita.....	1	1	...	1	1	...
29-53 Lee Town.....	1	...	1	1	...	1
2-51 McClenny.....	1	1	...	1	1	...
40-55 Mulberry.....	...	...	...	1	1	...
39-58 Ozona.....	1	1	...	1	1	...
46-55 Webster.....	1	1	...	...	...	...

INFANT DEATH RATE IS 65 PER THOUSAND

Approximately sixty-five babies out of every thousand born during 1927 died before they were 1 year old, according to statistics from 716 cities in the United States, published by the American Child Health Association.

This number is in itself sufficiently striking to demand serious consideration, comments Hygeia, editorially. This is even more the case when one realizes that the rate is the lowest ever reached by the cities of the United States as a group.

Seattle, Wash., had the lowest rate among the cities with a population over 250,000, with 41 infant deaths per thousand. Chicago has lowered its rate from 87 to 63 in a period of five years and New York from 75 to 56 in a similar period. These figures are an indication of what can be accomplished by the community that is willing to spend sufficient money in the education of its public, Hygeia says. But obviously there is room for improvement in the control and prevention of infant deaths.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF JULY, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	586	528	27	136	22	1299
Diphtheria	159	184	5	58	1	407
Typhoid	502	176	67	96	36	877
Malaria	444	153	59	23	71	750
Rabies	23	6		2		31
Tuberculosis	185	87	18	45	5	340
Gonorrhoea	401	160	20	98	10	689
Kahn	3048	672		261		3981
Water: Bacterial Ex.		43		131	8	182
Water: Chemical Ex.				131	8	139
Milk: Bacterial Ex.	47	15	59	265	8	394
Milk: Chemical Ex.	47	15	59	194	8	323
Miscellaneous	150	34	10	32	2	228
.....	5592	2073	324	1472	179	9640

Specimen Containers Distributed 5558

BIOLOGICAL PRODUCTS DISTRIBUTED DURING

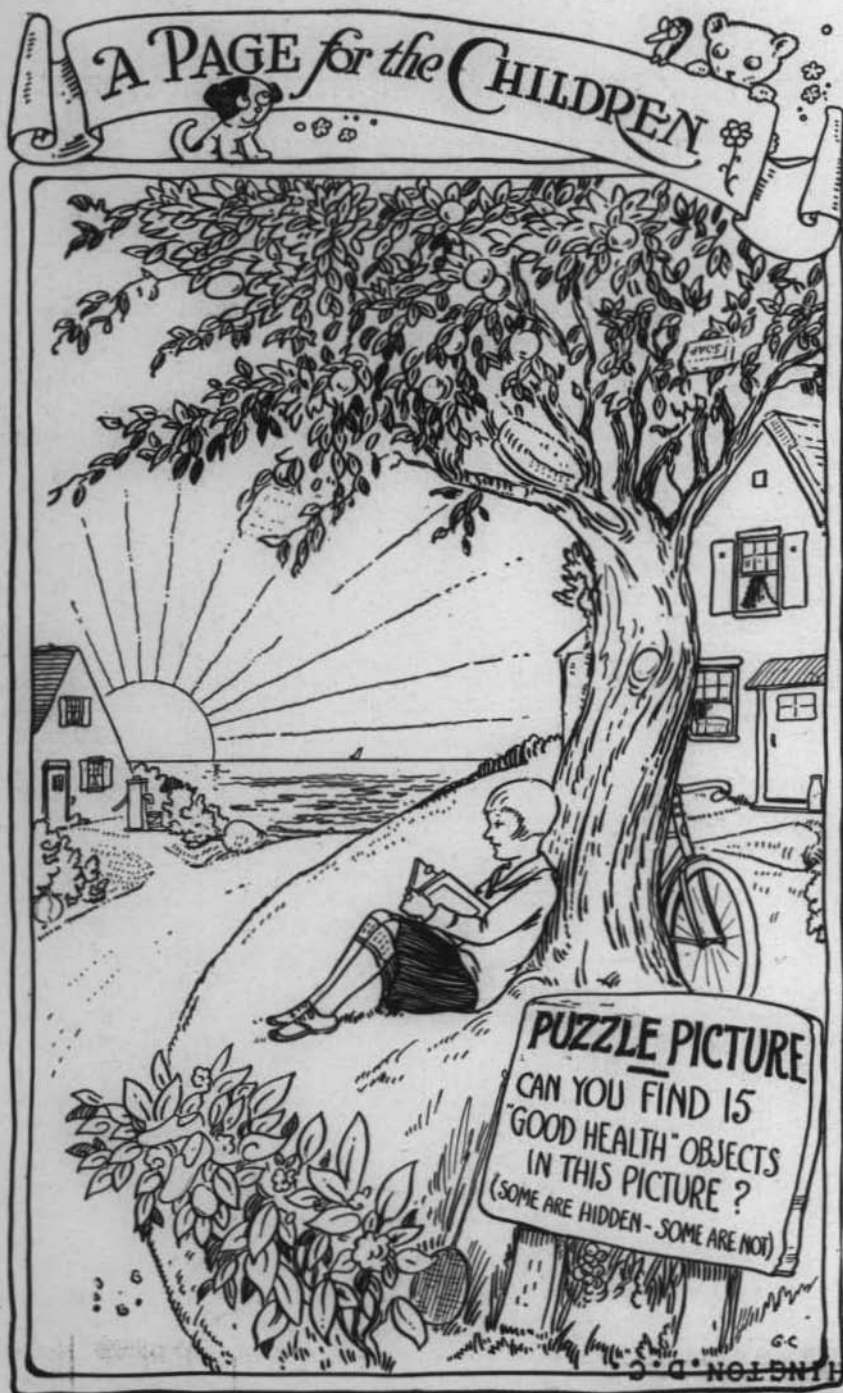
JULY, 1928

Diphtheria Antitoxin.....	10,000 units	129 Packages
	5,000 units	39 Packages
Toxin Antitoxin.....		2,202 C. C.
Schicks.....		800 Tests
Vaccine Virus.....		1,511 Capillaries
Typhoid Vaccine.....		5,819 Treatments
Antimeningococcus Serum.....		18 Cylinders
Antirabic Virus.....		28 Treatment
Carbon Tetrachloride.....		2,482 Capsules

— F. H. N. —

ERRATA

On page 93 of the June, 1928 Health Notes, volume 20, No. 6, years "1927 - 1926" were transposed after the proof had been checked and verified. Under the caption "DEATHS", immediately above "Total White Col.", 1927 should appear in place of 1926 and vice versa.



DEC 6 '28

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 20

OCTOBER—NOVEMBER, 1928

No. 10 - 11

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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 C. A. Holloway
 Russell Broughman
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PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

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 Jacksonville..... Flora B. Williams, R. N.
 Jacksonville..... Sarah Ida Richards, R. N.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

THE WEST INDIAN HURRICANE OF 1928

For some days prior to September 16th, we had been keeping our eyes on the Weather Bureau reports concerning the progress of the tropical disturbance in the Caribbean hoping that it would not strike our state. When it did, we found it difficult on the morning of the 17th, to find by wire or otherwise what had happened and where the storm was heading; hence, after a conference with the Weather Bureau we started out to find where it was and what it had done as it went on its way.

Leaving Jacksonville at 11:00 A. M. on the 17th, we tried without success, at Green Cove Springs, to get word and the same held true at Palatka, DeLand and Sanford. At Orlando, due to the kindness of the staff of the Orlando Sentinel, I was given access to all the press reports but even they could give but very little information as to what had happened or where the storm was heading.

Later, through Dr. Sylvan McElroy, City Health Officer, word was received from Mayor Oaksmith of West Palm Beach through a messenger sent by Mayor Autrey of Orlando, telling of the need for tetanus antitoxin and typhoid vaccine which were being sent from their supply and to which we added a portion of the supply we had taken. The following morning, the Tampa paper carried word that 24 were dead at Okeechobee. Proceeding onward, we inquired about the effects of the storm and as to need for biologics as we passed through Kissimmee, Haines City, Lake Wales, Frostproof, Avon Park and Sebring. Reaching Okeechobee in the afternoon, we found the National Guard, the local and near-by chapters of the Red Cross, as well as a representative of our department already actively at work. The area around the lake where the lives were lost was visited and in the evening there was a meeting of citizens and others to decide on the best mode of procedure. The following day a boat was secured and representatives from the National Guard, Red Cross, Associated Press and the State Board of Health crossed to Canal Point, Pahokee, Kramer Island and Miami Locks, learning at each place the conditions, needs and what had already been done.

We again arrived at Okeechobee at 4:30 A. M. and at 7:00 learned that Governor Martin had requested that contact be made with Adjutant General Collins at West Palm Beach. This was done at 1:00 P. M. We found Chief Sanitary Engineer, Mr. Filby, and three of his sanitary officers on the ground, three others following at once. The water supplies along the affected area had been checked and in this Mr. Eastwood, the representative of Wallace-Tiernan rendered great assistance.

That evening, Governor Martin called a conference at which

ADMINISTRATION—(Continued)

General Collins and members of the National Guard, Red Cross representatives, local city officials, Attorney General Davis, Dr. John McMullen representing the U. S. P. H. S., representatives of the Press and the State Health Officer were present. Ways and means of handling the situation were discussed.

The following day, in company with Dr. McMullen, I visited Okeechobee City and Indiantown and, on the next, Belle Glade, Lake Worth, Deerfield, Pompano and Fort Lauderdale. On Sunday, we were furnished with a boat and visited Canal Point, Pahokee, Miami Locks and South Bay.

A close watch was kept daily and the value of typhoid inoculations that were started at once was everywhere stressed and the local physicians and Red Cross extended every possible assistance in the immunization program.

The members of the State Board of Health made a personal survey of the affected area and held meetings in West Palm Beach and Miami.

Our representatives have been constantly on the ground and have worked in close harmony with the local governments and the Red Cross. We are happy to announce that there has been neither outbreak of communicable disease nor the slightest increase of disease throughout the entire area, due, at least in part, to the immunization programs which have been carried on for many years by the State and local health authorities.

— F. H. N. —

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

THE DAILY TASK

During the year many parts of the country have been visited by storms, requiring the set-up of emergency service. Florida has been included in the list of states so affected and we are reminded that since the various phases of nursing are essentials to such a service, comments from our experience may be helpful to others.

The Nursing Service for such emergency work falls logically into the following classes: first aid, surgery, immunization, and home visiting, with particular attention to obstetrical cases and the care of infants and young children, who cannot plan for themselves.

Since emergencies demand immediate action, no nurse should present herself for service who is not properly qualified to handle that type of work. Willing hands and a desire to help are necessary, but willing hands and a desire to help plus professional skill, a healthy body, and a level head are necessary in the nurse who is to do disaster work.

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)

She must be able to take care of herself without too much assistance from others. She must be willing to accept difficult and objectionable duties cheerfully, and to obey orders promptly. A keen mind and a note book should make it unnecessary for an order to be repeated, thereby saving the time of the executive.

Her clothing equipment should be in the smallest possible bulk, suitable for the work in hand, and in luggage that she herself can carry. Sensible shoes with heavy soles and low heels will give the greatest degree of comfort under long hours of duty and look very much more professional all the time. The white uniform for indoor work and the plain darker dresses of wash material for outdoor work will be found best, with a rain coat and hat, and rubber boots or high laced boots for work where there is much outdoor travel and high water. This is for the protection of the nurse from wet feet, which may induce colds (which she cannot afford to have.) A plain serviceable hat with brim is always best in this state because of the almost continuous sunshine. A fountain pen with traveler's ink bottle is a necessity.

The private duty nurse could best serve in dressing stations, first aid rooms and for hospital wards. Surgical nurses should make themselves known for this specialized service. The public health nurse can best be used for community work. Her job normally is working with people in homes and camps and with community projects pertaining to preventive medicine. She is used to traveling alone on roads, driving her own car, and can be invaluable in rendering service over large areas. It would seem, therefore, that in the matter of rounding up people for immunization, treatment at the first aid station, and for hospitalization where it would appear to be necessary, the public health nurse would be the proper person. Lay people do not always put the proper value on small wounds or the need for immunization. The public health nurse from her contact with people in homes has a better background for instructive work and she can more quickly bring order out of chaos than a less informed person could.

During the first few days of disaster work, there is bound to be confusion and conflicting orders, and the nurse must be willing to be patient with interruptions and all the other handicaps of disaster work if she would keep herself above criticism and render good service. In the storm work this year, the nurses from various parts of the state, both private duty and public health, responded immediately and rendered splendid service.

The Nursing Service of the State Board of Health of Florida is in the Bureau of Child Hygiene and Public Health Nursing, and all planned work is done on regular schedule, but because we are a State Department, emergencies are common and are looked upon as part of the ordinary routine. Each nurse keeps in touch with headquarters

by itinerary card and daily report. She drives her own car and is at all times ready for immediate service. This made it an easy matter to transfer our nurses from their regular districts to the storm area as their services were required. Since their regular work includes travel on the roads in all kinds of weather and changes are part of their daily task, the storm work was not so unusual to them. It was just another task which was accomplished quietly and skillfully.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

WHY PESTILENCE DOES NOT FOLLOW DISASTER

There yet lingers in the public mind rather more than a trace of the belief that pestilence and disease inevitably follow war, flood, drouth, tornado or any great disaster that disturbs the normal course of human life.

It is not many years since some sort of pestilence was actually to be expected after any public disaster and often, too, without any preceding disaster at all.

Amazing Progress

Since the discovery, by the aid of the compound microscope, of minute forms of life called bacteria and the relation of these bacteria to many previously obscure processes of life including the production of certain diseases, it has been possible to devise methods of disease control so practical and effective that an outbreak of typhoid, smallpox, diphtheria, plague, cholera, yellow fever or of almost any epidemic disease is an evidence of neglect—same as a rank growth of weeds in a garden.

Whenever people make radical changes in their customary habits of life they encounter new exposures, new opportunities to get germs of disease into their bodies.

The route of great pilgrimages, the line of march of a great army, the travel route to newly discovered lands and new sources of wealth, all have been strewn with the bones of persons struck down by epidemic disease. Perhaps the most striking recent example of sickness and death from a disease now quite preventable was that of the U. S. army in mobilization camps during the Spanish - American war when thousands of our young men contracted typhoid fever and died or were sent home on furlough.

Positive Disease Control

By reason of our present knowledge of the manner in which disease is spread, we are able to prevent disease. It is now a well known fact that the dead bodies of previously healthy persons or animals do not menace the public health nor does decaying vegetation "breed disease."

BUREAU OF COMMUNICABLE DISEASES—(Continued)

The storm that visited Florida on September 16th, 1928, cost the lives of many persons. The survivors, after exposure to extreme hardships, were well cared for and well guarded from pestilence. Adequate shelter, wholesome food and pure drinking water were provided. On account of the possibility of typhoid infection, protective inoculation was offered and accepted.

Two members of the Bureau of Communicable Diseases were detailed to the storm area and a recent check shows that nearly 8,000 persons outside of West Palm Beach started the typhoid preventive inoculations and 6,490 of these completed the treatments.

Health is purchasable. Any individual or community may, by devoting reasonable attention and funds, enjoy freedom from sickness beyond the wildest dream of the last century. In the daily walks of life as in time of great stress, the observance of sanitary rules and the application of proven health measures result in inestimable benefit to mankind.

— F. H. N. —

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

STORM JOTTINGS

Sunday, September 16th:

Telephone call from Mr. Reed, State Representative, American Red Cross to the effect that Chairman Selby of the Palm Beach County Chapter of the American Red Cross, had long distanced that it was blowing hard—to get ready!

Called Harold Colee, Director Public Relations, Florida East Coast Railway for storm data and he called stations along line.

Reported at four thirty that considerable damage already done at Palm Beach, Delray and Jupiter with all wires of the railroad down at Jupiter since three thirty.

Advices received of expected arrival Monday noon of Red Cross Relief Unit from Washington. Report findings to State Health Officer.

Monday, September 17th:

Storm blowing in Jacksonville. American Red Cross Relief Unit arrived. Two of party dispatched down east coast in private car with 50 packages tetanus antitoxin for the use of the City Health Officer at West Palm Beach. Scouting parties sent to Jacksonville Beach and to Ocala for first hand information. In Jacksonville, office of Bureau of Engineering flooded out, telephone gone but service in main building of Board. Working with American Red Cross Relief Unit. Wired Tampa

BUREAU OF SANITARY ENGINEERING—(Continued)

and Inspectors Osburn and Lamoureux awaited orders.

Tuesday, September 18th:

Storm over at Jacksonville. Met with A. L. Schaffer, American Red Cross Unit Director. Reports were available from all over state indicating damage center as West Palm Beach. Prepared to establish headquarters there. Conference with Charles H. Mann, President, State Board of Health. Left for storm area about six o'clock in afternoon. Orders sent Inspector Broughman, Orlando, to report at once to West Palm Beach. Lamoureux to Moore Haven, Osburn to Okeechobee. Enroute with supply of biologics.

Wednesday, September 19th:

Stopped at Stuart. Upon arrival in West Palm Beach early in the morning reported to Dr. E. D. Clawson, Director of medical relief. Broughman arrived. Reed was on duty. Eastwood of the Wallace-Tiernan Company arrived. Checked over concentration hospitals and camps; West Palm Beach Water Company plant; Lake Worth public water supply; reported to Mr. Mann by telephone at night of needed chemical supplies, screen wire, disinfectants, etc. Several conferences with Dr. Clawson, Dr. Claxton of Miami, and Red Cross Officials. Accepted request of Dr. Clawson to take over sanitary work in Glades. Broughman at Pahokee, Canal Point; Reed to South Bay, self to Belle Glade.

Thursday, September 20th:

To Belle Glade at dawn. Negro man rescued today; had been hanging on telephone pole since midnight Sunday. Eastwood with me. Reported to Dr. Wm. Buck, Health Officer Belle Glade. All drinking water treated with sodium hypochlorite solution. Started survey of available structures for housing relief workers, National Guard and other Units. Watched sanitation of commissary and foods used. Started cleaning out temporary quarters. Rain interfered considerably. Admirable assistance rendered by Clifford Savage, Legionnaire of Belle Glade and West Palm Beach.

Friday, September 21st:

Belle Glade—same work—salvaged screens for quarters. Located screen wire in warehouse. Savage still helping me. Save water tank from destruction by filling too full—second time. Arrange to clean up warehouse for negro quarters. Try to get carpenter to help on privy construction—start crew to cleaning out flush toilets and use hand flush. Salvaged and distributed mosquito spray dope.

Lamoureux arrived on night of 20th and reported for duty. With Eastwood of Wallace-Tiernan Company he checked over water supplies at Prosperity Farms, and later was placed in charge of sanitation in that section, on 22nd.

BUREAU OF SANITARY ENGINEERING—(Continued)

Saturday, September 22nd:

At Belle Glade. Rained some more. Met Dr. De Kline, Red Cross Chief. Cleaned up warehouse for negro laborers. To South Bay to see about Reed's work. Meeting with Mr. Denton who was in charge of this area. Savage still working. Met Dr. Lowry, City Health Officer, Ft. Lauderdale, at South Bay. Various and sundry meetings with officials. Legionnaire Edward Forbes of West Palm Beach accompanied me to South Bay and was of great assistance in rescue work here. Trial of suggested method of disposal of bodies. Adoption of procedure to cremate bodies by using driftwood and oil. Gathering of bodies into piles—all methods of carrying bodies except bed spring type stretcher failed. Water $2\frac{1}{2}$ feet deep—work very tiring and depressing. To town with Forbes and Legionnaire Huskinson of Tampa who had been in charge of the splendid, hard working, do anything, group of Tampa Legionnaires. Road to Belle Glade from South Bay becomes impassible.

Sunday, September 23rd:

West Palm Beach. Inspection concentration negro refugee camp at Pompano. To Ft. Lauderdale with Col. R. L. Boyd, Chairman of the Citizens' Relief Committee of Jacksonville. Checked up Lake Worth chlorination. Stopped at Delray, Boynton, etc. Meeting with Dr. Lowry regarding canal. Safay arrived from Jacksonville ready to start work Monday.

Monday, September 24th:

Back to Belle Glade, Col. Boyd along. He went to Pahokee. Same general work, started screening of negro barracks. Privies erected on canal bank. Mosquitoes very bad near building and in protected places, very largely *Psorophora Columbians*.

Safay started work at Belle Glade on old water supply pump outfit. To South Bay with Col. Boyd, interview with Dr. Denton. Met Governor Martin and Attorney-General Davis at Belle Glade.

Tuesday, September 25th:

West Palm Beach and Lake Worth—general meetings—inspection of negro quarters for sewerage connections. Osburn to Lake Worth with Col. Boyd. General meeting there in afternoon at which time morale was largely re-established. Exceptional assistance by Col. Boyd. Mosquito repellants shipped from Jacksonville on Col. Boyd's order. Met Governor-elect, Doyle Carlton, at West Palm Beach and Lake Worth. Osburn took charge of work at Lake Worth, Safay at Belle Glade, Lamoureux, West Palm Beach.

Wednesday, September 26th:

To Indiantown and to Stuart. Checked water supply at

BUREAU OF SANITARY ENGINEERING—(Continued)

Indiantown; found it O. K. as expected. Housing conditions O. K. except at negro quarters in Seaboard Air Line Railway building—few changes ordered. Contact with local Red Cross officials and left typhoid vaccine with druggist. Stuart conditions O. K. Col. Boyd to Okeechobee. Back late.

Thursday, September 27th:

Belle Glade. Things beginning to shape up now. Pump working at times, power poor. Clearing up debris and filling in area in front of buildings. To Pahokee and Canal Point to see Broughman. Find him on the job, office and everything going well. Conditions here much better than Belle Glade or South Bay—plenty of colored labor working hard. Sanitation fine. Reed and Safay still on duty at South Bay and Belle Glade.

Friday, September 28th:

West Palm Beach and area south to Pompano. Find camp about to be closed—all negroes going to friends or to West Palm Beach. Boca Raton jail used as refugee camp; found it O. K. Getting things in shape for meeting of field staff with Dr. Arms and Dr. McMullen of U. S. Public Health Service. Meeting of Reed, Osburn, Safay, Lamoureux and self with Dr. Arms. Various official gatherings.

Saturday, September 29th, Enroute to Jacksonville:

These are some personal recollections of a rather strenuous ten days. Messrs. Osburn, Reed, Safay, Broughman and Lamoureux still remained on duty and five weeks after the storm Lamoureux, Reed and Safay were still on duty.

— F. H. N. —

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
20-05	C. Y. Smith.....	Route 2, Black, Ala.
21-03	J. L. Kirkland.....	Graceville
23-01	John D. Whitman.....	Mayo
24-217	Fred S. Archer.....	Howey-in-the-Hills
27-037	H. A. McElveen.....	Otter Creek
31-077	Mrs. V. D. Goin, Jr.....	Route A, Ocala
38-05	Wm. C. Preetorius.....	New Port Richey
40-15	Thos. J. Harris.....	Box 4, Lake Alfred
43-077	Mrs. S. F. Long.....	Box 137, Chuluota
49-01	W. A. Brunson, D. V. M.....	Daytona Beach
52-097	Miss Clara Stapleton.....	Ebro
58-01	Miss Hortense Barrow.....	Wauchula
58-157	Mrs. C. P. Hartsfield.....	Gardner

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH

DURING THE MONTH OF SEPTEMBER, 1928

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	729	648	38	89	48	1552
Diphtheria	275	101	32	53	28	489
Typhoid	379	113	52	39	28	611
Malaria	353	133	50	19	47	602
Rabies	14	6		2		22
Tuberculosis	181	60	7	24	8	280
Gonorrhoea	299	201	28	64	8	600
Kahn	2483	839		228		3550
Water: Bacterial Ex.		39		182		221
Water: Chemical Ex.				252		252
Milk: Bacterial Ex.	39	122	2	242	19	424
Milk: Chemical Ex.	43	122	2	104	15	286
Miscellaneous	151	50	16	22	21	260
	4946	2434	227	1320	222	9149

Specimen Containers Distributed 7805

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	240 Packages
	5,000 units	37 Packages
Toxin Antitoxin.....		7,529 C. C.
Schick.....		5,500 Tests
Tetanus Antitoxin.....	20,000 units	18 Packages
	10,000 units	32 Packages
	1,500 units	1,972 Packages
Typhoid Vaccine.....		30,366 Treatments
Vaccine Virus.....		3,180 Capillaries
Antimeningococcus Serum....		16 Cylinders
Antirabic Virus.....		25 Treatments
Carbon Tetrachloride.....		3,548 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA



BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****MORTALITY FROM STORM**

Before picturing the findings immediately following the severe hurricane which passed over a portion of this state, and presenting facts relative to the known deaths in its wake, I believe it would be of interest to study briefly the geographical sweep of the storm.

The United States Department of Agriculture, Weather Bureau, has published a general summary by Alexander J. Mitchell, meteorologist of the Florida section, which gives information pertinent to this phase of the storm:

"The outstanding factor of September weather was the severe hurricane which approached the coast in the vicinity of Lake Worth and Palm Beach, Palm Beach County, during the early evening of September 16th; thence, to the north of Tampa, where it recurved to the north-northeast during the forenoon of the 17th, the center passing near, but to the west of Jacksonville after midnight of the 17-18th. The severity of this storm challenges the record of the hurricane of September, 1926, which centered its approach at Miami. (*). An almost uniform rate of progression was maintained by the hurricane, from about longitude 50 W. to the point of second recurve on the North Carolina coast, where the rate of progression was accelerated on its last march from the Windward Islands to the Great Lakes and Southern Canada. The first information of the hurricane came in an "advisory" message from Washington, issued during the evening of September 10th. Thereafter, daily and bi-daily warnings were received, culminating in the display of hurricane warnings on both coasts. All warnings were correct and timely, and their distribution effective and valuable. The history of this hurricane is a melancholy one associated, as it is, with the tragic ending of (**) lives on Lake Okeechobee, whose waters attained a height of 10 to 15 feet as they were forced southward and impinged on the shallow rim of the lake. The lowest barometer reading at West Palm Beach was 27.43 inches, as deduced by the Official in Charge, Miami, who compared the record of the Southern Bell Telephone and Telegraph Company with the record at Miami. If correct, it is the lowest reading known to the Bureau—surpassing the Miami reading of 27.61 inches during the hurricane of 1926. The maximum wind velocity at West Palm Beach was estimated at 100 miles an hour or more, which, probably was maintained inland as far as Lake Okeechobee, where reduced friction may have resulted in an increased velocity. Precipitation of from 4 to more than 6 inches occurred over much of the Section on the 16-17th, being the wettest September, except that of 1894, since the Climatological Service was inaugurated in 1891."

While there appears to be no definite information as to the velocity of the wind at the time the hurricane entered Florida, the Weather

(*) See "Florida Health Notes" of November, 1926.

(**) Estimate omitted. Record of deaths follows.

BUREAU OF VITAL STATISTICS—(Continued)

Bureau records indicate that on September 15th, at Turk's Island, it was 120 miles per hour, and the foregoing quotation submits an estimate of 100 miles per hour when entering Florida. Records from the Weather Bureau in the September, 1928, Publication No. 9, show the maximum wind velocity at Apalachicola to be 35 miles per hour; Jacksonville, 48; Key West, 39; Miami, 60; Pensacola, 31; Tampa, 31.

An outline map is shown on the back cover of this publication, picturing the "eye" of the hurricane from the time it entered Florida until it passed out in a northeasterly direction.

The exact number of deaths in and around Lake Okeechobee caused by this hurricane will never be known. Most of the deaths were among the negro laborers who entered the Everglades for the planting sason which had opened a short time previously. Since a large percentage of these negroes were from Nassau, which is outside of the state, it was not possible in a great many instances, to identify the bodies.

In the "Florida Engineer and Contractor" of October, 1928, Mr. F. C. Elliot, Chief Drainage Engineer, Tallahassee, is the author of an article on "Effects of the September Hurricane upon Lake Okeechobee." A brief quotation from this article appears appropriate and will aid in making a geographical picture of the Lake Okeechobee district and help visualize the conditions under which so many lives were lost.

"In the southeast section of the lake there is a large pocket known as South Bay. The water throughout South Bay is shallow, varying from a few inches along its edge to 5 to 7 feet at distances of 5 or 6 miles off shore. Here the water reached its greatest height during the first phase of the storm. Water levels, as evidenced by marks of all kinds chiefly wave-deposited trash and debris, indicate that the crest reached elevation 26.3 feet. During the week ending the day prior to the storm, the elevation of the lake ranged from 16.3 to 16.4 feet, which was 1.3 feet above the level designated by the War Department as the desirable minimum. The day following the storm, the lake stood at 17.3 feet. Land elevation along this section varies generally from 18.0 to 19.0 feet. Storm waters in the South Bay section of the lake were driven 10 feet above the then lake level.

"Near midnight of the 16th, a lull came, indicating the center or vortex of the storm. This lull lasted 40 to 50 minutes, in the east lake section, according to best information. Following this lull, the wind came in with sudden and violent force from the south and slightly southwest. This was the second phase of the storm. The wind from the south promptly shifted the lake crest from the south end to the north end. Indications are that the lake level reached elevation 26.0 feet at the north end. Elevations are referred to M. L. W., Gulf of Mexico at Punta Rassa. The wind from the south reached its maximum intensity in about thirty minutes to one hour after beginning, continuing with great force for three or four hours, after which it rapidly subsided.

BUREAU OF VITAL STATISTICS—(Continued)

"Along the east shore of Lake Okeechobee, the water rose from $1\frac{1}{2}$ to $2\frac{1}{2}$ feet, as measured at Canal Point and at the head of Saint Lucie Canal. This comparatively slight rise probably results from:

1. The direction of the wind in both phases of the storm nearly parallel with the east shore line.
2. The slope of the shore is much more pronounced over this section of the lake, water to a depth of 8 to 12 feet extending to within 600 to 1,000 feet of the shore, permitting undertow to set in, thus returning the storm driven surface waters to the body of the lake along the bottom.

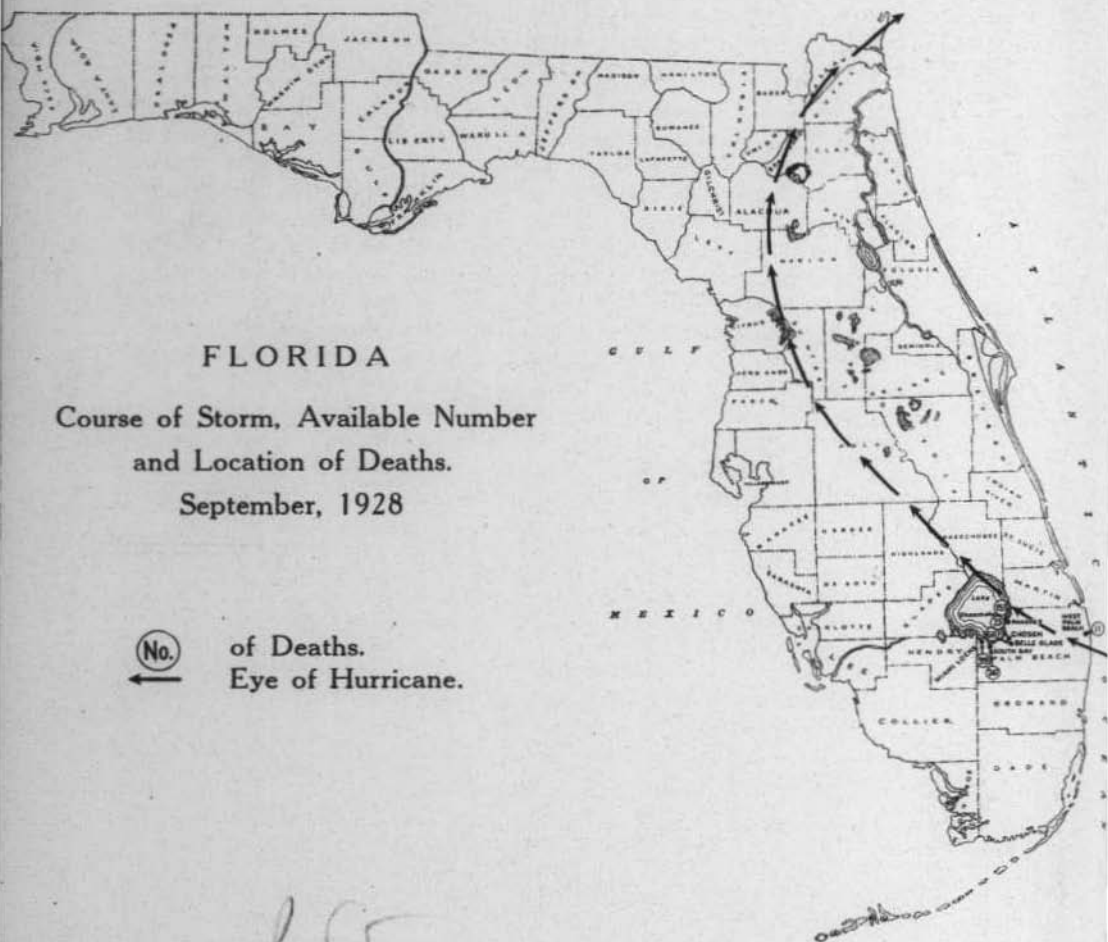
"Along the entire south shore of the lake there are temporary dykes or levees extending to elevation 22 to 28 feet. The lower sections of the levee were topped. The high points around elevation 27 to 28 feet show unmistakable evidence that the water did not go over these high points. The temporary levee was constructed for the most part of muck, marl and sand, or a mixture of the above and of rock in a few places where rocks had been encountered in excavating. Though without riprap protection, considerable breaches of the levee suffered but minor damage. In a few places the levee was completely breached; in many places the top was washed away to a depth of two to three feet. The section of levee within which damage occurred extended from Pelican Point to Miami Canal, a distance of 114,242 feet. The aggregate length of levee washed out to below elevation 20 feet is 8,500 feet. On September 30th, Lake Okeechobee stood at elevation 18.0 feet."

Deaths in connection with the storm were, for the most part, caused by drowning. When the water dashed out onto the low-lands of the Everglades, the sudden onrush, together with the terrific wind made escape impossible for the victims who were trapped.

The following table indicates the number of known deaths from the effects of the hurricane. In most instances, however, the bodies recovered were not identified.

Place	Deaths	Place	Deaths
TOTAL	1,833	Ft. Lauderdale	2
Belle Glade	611	Kelsey City	2
South Bay	247	Bartow	1
Pahokee	153	Boca Raton	1
Miami Locks	99	Canal Point	1
Chosen	23	Deerfield	1
West Palm Beach	11	Pelican Lake	1
Prosperity Farm	5	Orange City	1
Jupiter	4	Stuart	1
		Unknown (location)	669

BUREAU OF VITAL STATISTICS—(Continued)



FLORIDA

Course of Storm, Available Number
and Location of Deaths.
September, 1928

(No.) of Deaths.
← Eye of Hurricane.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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Vol. 20

DECEMBER, 1928

No. 12

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****CHRISTMAS SEALS**

At this time of year the little Christmas Seals bring to mind the fight against tuberculosis that is carried on over the world.

The seals are a reminder of this struggle and they assist in the campaign of education which is needed in order that the work can be carried on. The sale also assists in carrying on preventive and curative measures.

The prevention of tuberculosis is a function of the State and has been so recognized by the creation of a Tuberculosis Board which is empowered to select a site and erect buildings for the care of tuberculous patients.

We trust that in the near future the State Board of Health will be able to employ a specialist in the diagnosis of this disease that his services may be available to all and who can assist materially in safeguarding the other members of a family where a case exists. He would also be ready at all times to assist any physician in the diagnosis of suspected cases or contacts.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****TUBERCULOSIS****Protect The Babies**

The only known way to protect infants and children from tuberculosis infection is to keep them from coming in contact with tubercle bacilli.

The most dangerous period of life for tuberculosis infection is early childhood. Little tots in the household with a consumptive are in grave danger, particularly is this true if the patient is careless in the slightest degree about his coughing and spitting and the disposal of his germ laden sputum.

Every dairy cow should be tested and proven free of tuberculosis. The State Livestock Sanitary Board is doing splendid work along this line but private cows and some of the smaller dairies must be tested by practicing veterinarians.

The Calmette Vaccine

Dr. Albert Calmette of the Pasteur Institute has developed a vaccine which, he and a number of French physicians think, will immunize infants against tuberculosis. While authorities generally regard Dr. Calmette highly as a tuberculosis worker, the endorsement of his vaccine by health boards will be withheld pending further study.

BUREAU OF COMMUNICABLE DISEASES—(Continued)**For Youths and Adults**

Everyone is exposed to tuberculosis, some more and some less; everyone has at some time a little tuberculosis, according to a well known axiom, but generally those who succumb to the disease have been subjected to hardship and privation, such as lack of proper food, overwork, late hours, exposure, bad ventilation, dissipation and inadequate exposure to sunshine. If, then, by proper food, fresh air, sunshine and rest, by right living one can maintain a good robust state of health and bodily vigor, there will be no great danger of developing ACTIVE tuberculosis.

— F. H. N. —

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

TUBERCULOSIS

Evidence that tuberculosis is curable is plentiful. Every community has its recovered victims of tuberculosis who, returned to health, are leading happy and useful lives. Fresh air, cleanliness, scrupulous care in destroying the germ-laden sputum, absolute rest and wholesome foods, all of which are included in the treatment given by sanatoria and hospitals for the tuberculous, have worked wonders and with the extension of the educational work now being carried on by the National Tuberculosis Association and kindred organizations still greater results are expected. The most formidable obstacle in the campaign against tuberculosis is the undiscovered case, the person who has tuberculosis and doesn't know it.

Among the thousands who are killed by tuberculosis in the United States every year are many children under five years of age. Since we are again reminded that tuberculosis is a preventable disease, it is obvious that proper care is not being given to the children. It is not true that children inherit the disease, but children are particularly susceptible to infection. The power of the child to resist the disease can be built up by fresh air and sunshine and good food. Special educational facilities should be provided in order that children may be taught right methods of living, which will build up their resistance to disease.

The public can help by giving the little ones proper sanitary surroundings in the school buildings, playgrounds, clean streets, sidewalks, and well kept parks. Most often the infection of children comes from tuberculous parents. This accounts for the saying that "consumption runs in the family." A tuberculous parent may pass the disease to a child with a kiss, or by carelessness in spitting or sneezing. Parents affected with tuberculosis should bear continually in mind the danger that menaces their children. Many tuberculous parents do not know that they have the disease. This difficulty must be met by searching out undiscovered cases and educating them in the proper care of themselves and the protection of the family.

The annual physical examination would help in discovering incipient cases. More frequent examinations should be made if there is continued loss of weight or any marked departure from the normal.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF OCTOBER, 1928**

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1977	912	237	168	39	3333
Diphtheria	679	121	28	66	35	929
Typhoid	435	130	42	26	42	675
Malaria	408	157	41	25	155	786
Rabies	30	12		5		47
Tuberculosis	247	90	8	46	12	403
Gonorrhoea	400	207	25	155	10	797
Kahn Reactions	3213	1002		426		4641
Water: Bacterial Ex.		65		159		224
Water: Chemical Ex.				194		194
Milk: Bacterial Ex.	72	82	31	319	9	513
Milk: Chemical Ex.	73	82	31	141	9	336
Miscellaneous	118	47	38	122	24	349
	<u>7652</u>	<u>2907</u>	<u>481</u>	<u>1852</u>	<u>335</u>	<u>13227</u>

Specimen Containers Distributed 10,667

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING
OCTOBER, 1928**

Diphtheria Antitoxin.....	10,000 units	203 Packages
	5,000 units	68 Packages
Toxin Antitoxin.....		8,076 C. C.
Schicks.....		10,350 Tests
Tetanus Antitoxin.....	20,000 units	19 Packages
	10,000 units	10 Packages
	1,500 units	584 Packages
Typhoid Vaccine.....		3,364 Treatments
Vaccine Virus.....		810 Capillaries
Antirabic Virus.....		92 Treatments
Carbon Tetrachloride.....		4,025 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF SANITARY ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****INSTITUTIONAL PROBLEMS**

In the treatment of tuberculosis, sanitarium treatment is often recommended and advised. In Florida there is at present no state sanitarium for the treatment of pulmonary tuberculosis. That there will be a sanitarium in Florida is now an assured fact by the action of the 1927 legislature and the appointment of the commission charged with carrying out this Act.

Problems of location immediately present themselves. Where shall a sanitarium be located? Without presuming to answer this problem certain facts present themselves at once that are common to all such as locations. The writer has had some six years personal observation of a state sanitarium located in one of our southern states.

First is the question of water supply. Should the institution develop its own water supply or purchase water from a city? If the location is in the country a supply will have to be developed. This means that the initial outlay will be heavy for in water supply developments it is not good practice to design for immediate needs but for many years in the future. If near a city, water may be purchased and the burdens of operation offset by the monthly bill for water used. A long pipe line may be necessary to secure such a connection. In Florida a good safe potable water supply may be secured in almost any place but there may be objectionable elements in the waters found in certain localities which can or cannot be removed by treatment. Many localities yield iron bearing waters, others hard waters, rarely soft water. Not only must the quality be satisfactory but the quantity must be ample for the use of water about a sanitarium is in excess of that used in small communities.

Second is the question of waste disposal, and here is a problem that calls for much study of the designing architect and engineer. If the sanitarium is located in the suburbs of a city it may be possible to pump the wastes into the city sewerage system with economy. If it is necessary to build the treatment plant, the site chosen should afford good gravity drainage plus an advantageous outlet for the treated wastes. Again there should be opportunity for economical design and operation. Sewage treatment takes space and is often hard to camouflage so this adds another angle to the problem. Odor nuisance can be controlled and proper provision made to make this plant unobjectionable as to sight. Another waste problem is the garbage problem. If in a city, city service can be invoked. If nearby, it can be utilized by special trucking. If in the country, the garbage should be incinerated along with the sawdust sputum wastes. This method of disposal is practically the only satisfactory one for an institution located in the country.

Third, the problem of milk supply is a pressing one, as milk is an important item in the diet of patients. Should a dairy be developed at the sanitarium or milk purchased? If a dairy is to be devel-

BUREAU OF SANITARY ENGINEERING—(Continued)

oped, grazing land for the herd should be available and ample provision made for sanitary production and handling of the milk to be used. If the milk is purchased, the question of its production and handling may rule out all the local producers necessitating purchase of milk from a distance. This indicates the necessity for location on improved highways or main line railways. Food supplies of other nature may be received by truck line from nearby cities or supplied direct from railway sidings. It is here that the question of railroad and truck transportation enters. For such commodities as coal or oil, fertilizers, stock feeds and building materials, nearness to a railroad siding is important. If the location is adjacent to a large city, food supplies such as vegetables and groceries may be purchased on the available market but if the institution is in the country, long trucking or railroad hauling may be necessary.

Fourth, is protection against pests. This matter cannot be overlooked for quiet and rest are essentials in sanitarium treatment and one cannot rest in the presence of mosquitoes, sand flies, etc. It is true that screening must be utilized anyhow on out buildings but screening is not always perfect and doors must be opened and closed. Patients must take exercise out in the open. During salt marsh infestations or heavy *Mansonia* or *Anopheline* production these pests are not to be taken lightly. Locations can be found where they are not as serious a problem as in other sections.

There still remains the question of accessibility. Will the site be easily accessible by rail at convenient hours? This is important as oftentimes patients or visitors will come long distances by rail and perhaps arrive at irregular hours. Railroad transportation is a big factor in location. Location by highway is also important for many persons use motor transportation by bus lines. These factors probably are determining ones.

— F. H. N. —

WEARY BODY NEEDS REST, NOT FOOD

Americans have developed the habit of eating and drinking to relieve fatigue or merely to pass the time. When a person is tired the body needs a chance to recuperate and it is not advisable to take in quantities of food at such a time or to overstimulate the body with drinks and drugs, observes Hygeia editorially. Rest in times of fatigue will do more for the digestion than something thrown into the stomach.

The human being eats to provide energy for his daily work. The antidote to the desire to eat is the development of feelings of satisfaction. Those who go on eating merely because food is set before them overtax a system that recovers slowly from undue effort.

BUREAU OF VITAL STATISTICS

NEW LOCAL REGISTRARS APPOINTED

16-02 Aubrey M. Butler.....Havana
 40-07 J. D. Walters.....Box 1174, Haines City
 41-217 Mrs Rosa Stanley.....Bostwick

— F. H. N. —

NORMAL GUMS DO NOT BLEED WHEN BRUSHED

The idea that the gums normally bleed when the teeth are brushed is an unwarranted superstition, Dr. W. M. Gardner observes in Hygeia. The gums are covered by a tissue that protects the more delicate underlying structures. The harder this tissue is brushed, the thicker it grows. Vigorous chewing of course food has the same effect.

When bleeding does occur, a dentist should be seen for treatment, for bleeding gums are a danger signal. Correct and persistent use of a small stiff brush will stop the bleeding and prevent its recurrence unless the gums are diseased.

— F. H. N. —

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

OF FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida for October 1, 1928.

State of Florida

ss.

County of Duval

Before me, a Notary Public, in and for the State and county aforesaid, personally appeared Stewart G. Thompson, D. P. H., who, having been duly sworn according to law, deposes and says that he is the editor of the Florida Health Notes and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 21, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher, State Board of Health, Box 135, Jacksonville, Fla.

Editor, Stewart G. Thompson, D. P. H., Box 135, Jacksonville, Fla.

2. That the owner is: (If the publication is owned by an individual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.)

Florida State Board of Health, Box 135, Jacksonville, Fla.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated, by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is: (This information is required from daily publications only.)

FLORIDA STATE BOARD OF HEALTH,

By: Stewart G. Thompson,

Director Bureau of Vital Statistics.

Sworn to and subscribed before me this 10th day of October, 1928.

(Seal)

A. Screven Dozier,

Notary Public for the State of Florida at Large.
 My Commission expires October 3, 1929.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TUBERCULOSIS MORTALITY LOWERED



The lowest tuberculosis (all forms) mortality rate recorded in the state of Florida was for the calendar year 1925 with a rate of 75.7 as compared with a rate of 75.8 last year. Provisional figures, which must be used on population until the 1930 census is taken, show a rate of 75.8 per 100,000 population, a white rate of 46.3, and a colored rate of 141.9. The white tuberculosis death rate of 46.3 is the lowest ever recorded in this state for any one year.

Ten years ago the state rate was 115.9 per 100,000 for tuberculosis (all forms) as compared with the rate in 1927 of 75.8. The white rate ten years ago in Florida was 81.2 as compared with the white rate last year of 46.3. The first state-wide

records made available in Florida were for the year 1917. In that year the rate was 118.9 for the state, for the whites 80.3 and for the colored 188.7. This reduction in the mortality rate from tuberculosis is noted with a great deal of satisfaction. Health work that is carried on by state, county, city and volunteer organizations has been worthwhile and of great value as indicated by these records.

Total Deaths from Tuberculosis (all forms) and Death Rates
Per 100,000 Population by Color, 1917-1927, inclusive.

YEAR	Total		White		Colored	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1927	1,097	75.8	463	46.3	634	141.9
1926	1,187	85.8	519	54.5	668	154.9
1925	999	75.7	426	47.2	573	137.8
1924	1,054	84.0	457	53.4	597	149.2
1923	1,079	90.5	490	60.7	589	153.1
1922	1,019	90.3	440	58.0	579	156.8
1921	951	89.3	401	56.4	550	155.5
1920	1,016	101.5	423	63.8	593	175.3
1919	993	103.7	461	73.4	532	161.6
1918	1,084	115.9	494	81.2	590	180.4
1917	1,085	118.9	472	80.3	613	188.7

BUREAU OF VITAL STATISTICS—(Continued)

Tuberculosis (All forms)—Deaths and Death Rates per 100,000
Population by Color and by Counties, 1927

COUNTIES	DEATHS					
	Total	Rates	White	Rates	Col.	Rates
0. State.....	1,097	75.8	463	46.3	634	141.9
1. Alachua.....	32	110.4	5	31.7	27	204.4
2. Baker.....	2	36.0	2	48.7	...	...
3. Bay.....	9	74.4	5	56.8	4	121.9
4. Bradford.....	5	71.2	3	60.4	2	97.2
5. Brevard.....	5	33.7	3	31.0	2	38.7
6. Broward.....	15	81.3	8	65.6	7	111.6
7. Calhoun.....	2	24.0	...	...	2	102.2
55. Charlotte.....	1	26.7	1	33.8	...	...
8. Citrus.....	2	36.7	1	27.8	1	54.1
9. Clay.....	4	82.4	3	84.4	1	76.9
62. Collier.....	...	...	...	...	...	...
10. Columbia.....	19	117.8	8	88.2	11	155.7
11. Dade.....	82	57.3	36	33.7	46	126.1
12. DeSoto.....	9	107.0	3	45.6	6	327.3
56. Dixie.....	...	...	...	...	...	...
13. Duval.....	186	113.9	46	43.5	140	243.3
14. Escambia.....	53	122.0	23	74.2	30	241.0
53. Flagler.....	...	...	...	...	...	...
15. Franklin.....	4	76.4	1	32.8	3	137.0
16. Gadsden.....	44	172.0	10	90.4	34	234.2
64. Gilchrist.....	2	49.7	2	67.5	...	...
57. Glades.....	1	38.7	1	50.1	...	...
65. Gulf.....	1	23.6	...	...	1	53.5
17. Hamilton.....	9	90.7	4	70.6	5	117.6
58. Hardee.....	6	57.3	4	41.9	2	214.6
63. Hendry.....	1	77.3	...	...	1	2500.0
18. Hernando.....	1	20.8	...	...	1	84.2
59. Highlands.....	8	98.2	...	...	8	386.7
19. Hillsboro.....	154	99.8	87	69.2	67	235.2
20. Holmes.....	2	16.1	1	8.6	1	117.9
66. Indian River.....	1	17.0	1	23.8	...	...
21. Jackson.....	9	26.5	2	10.4	7	47.6

BUREAU OF VITAL STATISTICS—(Continued)

Tuberculosis (All forms)—Deaths and Death Rates per 100,000
Population by Color and by Counties, 1927—(Continued)

COUNTIES	DEATHS				
	Total	Rates	White	Rates	Col. Rates
22. Jefferson.....	11	79.6	2	49.1	9 92.3
23. Lafayette.....	1	20.6	...	...	1 83.0
24. Lake.....	16	73.7	10	60.9	6 113.2
25. Lee.....	10	68.6	4	35.8	6 176.5
26. Leon.....	11	51.5	5	64.7	6 44.0
27. Levy.....	5	45.6	2	29.1	3 73.3
28. Liberty.....	3	61.9	3	102.6	...
29. Madison.....	7	45.0	...	...	7 84.6
30. Manatee.....	31	115.6	13	71.7	18 207.2
31. Marion.....	23	80.3	5	33.0	18 133.7
67. Martin.....	4	90.8	3	116.9	1 54.4
32. Monroe.....	26	182.3	18	154.1	8 309.8
33. Nassau.....	8	83.0	4	74.4	4 93.7
34. Okaloosa.....	...	...	...	...	...
54. Okeechobee.....	1	19.4	1	29.0	...
35. Orange.....	43	91.7	24	67.6	19 167.5
36. Osceola.....	5	40.3	3	34.1	2 55.4
37. Palm Beach.....	26	61.4	12	43.5	14 95.2
38. Pasco.....	9	75.7	4	41.5	5 222.4
39. Pinellas.....	38	55.0	24	47.8	14 74.2
40. Polk.....	33	41.0	18	29.0	15 81.7
41. Putnam.....	11	60.5	1	10.0	10 122.8
42. St. Johns.....	21	116.8	11	105.7	10 131.9
43. St. Lucie.....	3	44.8	1	20.6	2 108.8
44. Santa Rosa.....	2	13.3	2	16.2	...
60. Sarasota.....	8	63.1	3	28.8	5 222.8
45. Seminole.....	12	72.8	4	41.8	8 116.0
46. Sumter.....	2	25.2	1	17.6	1 44.3
47. Suwannee.....	5	30.9	2	19.9	3 48.9
48. Taylor.....	7	50.0	...	...	7 119.6
61. Union.....	9	138.4	...	...	9 376.1
49. Volusia.....	28	58.4	18	56.5	10 62.1
50. Wakulla.....	1	16.3	1 35.7
51. Walton.....	7	48.7	4	34.4	3 108.6
52. Washington.....	1	9.6	1	12.4	...

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